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INDEX TO VOLUME I.

	Page
Abuses of Nitrate of Silver in the Treatment of Eye Diseases	1
A Case of Diffuse Melanotic Sarcoma of the Brain, Following same Disease in the Orbit	7
A Case of Progressive Bulbar Paralysis	48
A Good Facial Stimulant	126
American Medical Association, Report	110
An Act to Established Boards of Health in North Carolina	72
A New Method of Curing Popliteal Aneurism	123
A New Treatment in Post Partem Hemorrhage	127
Arnold, A. B., M. D	18
Atkinson, I. E., M. D	135
Automatic Reduction of Luxation of the Head of the Femur	172
Baltimore Academy of Medicine, Report	62, 176
" Clinical Society Report	59, 166
" Medical Society Report	60, 168
Bevan, C. F., M. D	147
Bitting, J. A., M. D	104
Blood Letting in Pneumonia	74
Books and Pamphlets	84, 134, 229, 276
Briefs	84, 132, 224, 265
Bromide of Potash in Eclampsia	107
Brown, T. R., M. D	22
Capillary Drainage in Anasarca	173
Case of Cleft Palate	196
Case of Extreme Muscular Atrophy of Lower Extremities	234
Cantharides in Gleet by G. E. Mathews, M. D	157
Chew, S. C , M. D	37
Chisolm, J. J., M. D	1
Chronic Corporeal Endometritis	231
Chrysophanic Acid	36
Cincho-Quinine	191
Correspondence on Scalp Wounds, by T. W. Simmons	145
Cropper, C. W., M. D	102
Cure of Piles, by Puncture with Cautery	36
Dangers of Vaginal Injections	188
Defects in the Domestic Measurement of Doses	75
DeRosset, M. J., M. D	183
Deformity of the Hip in Third Stage of Morbus Coxarius	87
Dislocation of Ulna Outwards	199
Diagnosis of Larger Diameter of Pulmonary Cavities	158
Disguising Taste of Castor Oil	127
Dow, T. Chalmers, M. D	231
Dry Gangrene	52
Dr. L. A. Sayre's Apparatus for Extension in Pott's Disease	160
Early Syphilis in the Negro	135
Editorial	32, 81, 128, 181, 223, 261

Employment of Ergotine in Hemorrhoidal Hemorrhage..... 159
Extirpation of the Uterus..... 170
Gelseminum in Facial Neuralgia..... 80
Impaction of Gall Stones..... 124
Inhalation of Phenic Acid in Catarrhal Affections of the Respiratory Apparatus 157
Intra Uterine Amputation..... 125
Johnson, Geo., M. D..... 188
Johnston, Christopher, M. D..... 155
King, Ferdinand, M. D..... 191
Lee, Wm., M. D..... 239
Lynch, John S., M. D..... 93
Mathews, G. E., M. D..... 52
Medical and Chirurgical Faculty of Maryland, Report..... 53
Medical Society of Harford County, Report.....103, 203
" " State of North Carolina, Report..... 64
" " Edinburg, Scotland, Report..... 249
Medical and Surgical Society of Baltimore, Report..... 202
Michael, J. E , M. D..... 196
Miles, F. T., M. D..... 234
Milk Secretion Checked by Opodeldoc..... 172
Morison, R. B., M. D..... 108
Notes on Pneumonia..... 37
Opie, Thos., M. D..... 242
Ophthalmic and Aural Notes..... 183
Perpura Hemorrhagica..... 147
Phymosis and Adherent Prepuce..... 200
Prof. N. R. Smith, Allegany Medical Society..... 222
Prof. Esmarch on Cancer..... 171
Puerperal Convulsions Four Days after Labor..... 242
Puerperal Convulsions..... 104
Practical Remarks on the Early Stage of Bright's Disease..... 18
Prophylactic Treatment of Eclampsia..... 79
Physical Exercise for the Sick..... 78
Relation of Certain Abnormal Heart-Sounds to Uræmia and Bright's Disease 93
Seldner, S. W., M. D..... 48
Selections..... 205
Smith, Nathan Ryno..... 174
Solution of India Rubber In Local Treatment of Psoriasis..... 36
Sulphate of Cinchonidia..... 102
The Use of Water to Relieve Pain..... 169
To Make Leeches Bite Promptly..... 173
Treatment of Croup by Eucalyptus..... 171
Translations from the German..... 246
Urethral Stricture..... 22

MARYLAND
MEDICAL JOURNAL.

VOL. I. BALTIMORE, MAY, 1877. NO. 1.

ORIGINAL PAPERS.

ABUSES OF NITRATE OF SILVER IN THE TREATMENT OF EYE DISEASES.

BY JULIAN J. CHISOLM, M. D., PROFESSOR OF EYE AND EAR DISEASES IN THE UNIVERSITY OF MARYLAND.

From the frequency with which Nitrate of Silver solutions are prescribed by Physicians for the various inflammatory affections of the eye, regardless of the degree of congestion or character of the structure involved, one would be led to believe that there is but one disease for all eye affections, to which the general term Ophthalmia is well suited, and that the panacea for all phases of this disease is Nitrate of Silver, applied locally, either in solid form or in solutions of varied strength. This caustic, *so active for good in a few of the inflammatory troubles of the eye, so potent for evil in by far the majority of acute eye diseases*, has ever been a favorite remedy with physicians. They imagine that no injury can possibly be committed through the application of a Nitrate of Silver solution into an eye in which the vessels are injected, more especially if the congestion has been of some duration.

How many thousand eyes have been destroyed through this mistaken practice can easily be imagined; for certain it is that those physicians who devote exclusively their time and attention to the diseases of the eye have daily brought to their notice the most serious damage induced, at the hands of general practitioners, through the too liberal use of this dangerous salt. No eye lesion seems to be safe from its intrusion. The few that need it, and the many which resent its application, are equally made to feel the

weight of its universal application. When consulted for an eye inflammation very few physicians can resist the temptation of writing a prescription for a caustic eye drop. The Opthalmic surgeon, on the contrary, very rarely makes use of it, except in cases of acute inflammations of the front covering of the eye ball, purely and primarily a conjunctivitis; and in some of the inflammatory troubles of the lids. If the remedy is in this way restricted it can do most efficient work. When we find it prescribed for scleral, corneal, iritic, choroidal, retinal, and lenticular diseases, and in even the injected condition resulting from the over straining of the accommodating apparatus, in fact in every painful condition of the eye accompanied by injections of the conjunctival vessels, and with its appliction bringing always trouble in its train, we may well question the propriety of retaining this caustic salt among the list of remedies to be used by the general practitioner in the treatment of eye diseases.

The foundation for all of this mischief lies in a defective diagnosis, and the indifference in locating eye inflammations as regards the tissue involved. In the large cities, where specialists are at hand, the physician excuses himself from assuming the responsibility in eye cases, on the ground that those whose every-day experience must make them more familiar with eye troubles, can be readily consulted. Outside of the large cities the general practitioner must do this work, as coming strictly within his line of duty, and should therefore try to approximate to a truthful diagnosis, and so locate the seat of the pathological lesion that the caustic application, if a favorite remedy, might be used with discrimination.

Unfortunately, with the majority of practitioners, the pathology of the eye, is theoretically known, but is practically in inextricable confusion. Conjunctivitis is to them the appreciable disease. The redness of the surface constantly misleads them into the belief that the primary seat of the inflammation is in the mucous lining membrane. They seem to forget that the vascular net work which gives the eye so liberal a supply of blood, is distributed to all of the coats, so that, should a masked congestion be induced in any one of the eye coats, contiguous branches—or rather continuous

branches from the same general vascular supply in contiguous coats —must also exhibit more or less defective action and consequent injection. This surface congestion of vessels of the conjunctiva, as a secondary state, constantly accompanies inflammations of the cornea, iris or choroid layers, and as constantly masks the true pathological lesion to those who only see eye cases now and then. This is more especially the case in inflammations of the iris. Seldom do we find a case of iritis, however well marked, successfully diagnosed, and consequently it is equally rare to have a case for treatment at second hands, which has not run the gauntlet of astringent or cauterizing applications.

There are some thoroughly proved facts which find their way very slowly into general professional recognition. If there is any one remedy which the specialist values beyond all others, it is the active principle of Belladonna, a diagnostic as well as therapeutic agent, and he never loses sight of its great utility. Although he may be ever so familiar with the many phases of iritis and the general symptoms by which the disease is to be recognized, he invariably makes his diagnosis absolute, by instilling a drop of a solution of the Neutral Sulphate of Atropia into the eye. Should a thoroughly and uniformly dilated pupil respond in a half hour to the drop, he then knows that no iritis exists, and this element, in a doubtful diagnosis, is altogether removed. Should the dilatation of the pupil be tardy and irregular the diagnosis of iritis is absolutely made out, especially when, upon inspection in a good light, the adhesions between the iris and lens surface are clearly brought into view.

The source of greatest danger to the eye in iritic inflammations is in the juxtaposition of the iris and lens. The iris when gorged with blood, can only swell towards the pupillary area, diminishing this orifice and largely increasing its contact with the capsule of the lens. With the rapid proliferation of its cell elements pigmented as they are, a black glutinous substance is speedily formed as the result of active congestion; this sticks the iris to the contiguous lens surface. A very few days suffices for firmly organized adhesions and then such an eye is irrevocably damaged. During these early stages of the affection, the dullness of color

of the iris is not half so conspicuous as the scleral or conjunctival redness. As this congestion is never excessive, the case is usually called by the family physician a simple cold in the eye, and just such a trivial disease as every doctor must himself take care of if he desires to retain his self respect and the good opinion of his patients. A solution of Nitrate of Silver is ordered to be dropped intothe eye three times a day, as an established remedy for Catarrhal Ophthalmia, and the trouble begins. The specialist sees the case later, after the adhesions have become firm and the damage has been done, and usually too late to correct the mistake committed.

In an other class of affections, viz: corneal inflammations, the use of astringents, including caustics is very questionable. Because Nitrate of Silver is so often used with advantage for the stimulation of ulcers on all parts of the surfaces of the body, it does not follow that it should be an equally good preparation for ulcers of the cornea; yet on general principles, it is constantly applied to this class of diseases, and most frequently with the most disastrous results. To acute corneal ulceration Nitrate of Silver is particularly irritating; and as a rule soothing applications are especially called for. Now and then in a case of chronic corneal ulceration which refuses to heal under the sedative plan of local treatment usually adopted, an effort may be made to change the action by stimulation. Under such conditions, touching the surface with a point of Nitrate of Silver is an experiment worthy of trial.

The common forms of corneal ulcers met with in practice, occur in children, in some one of the many forms of phlyctenular corneitis. In this disease the vesicles or pustules often break down into ulcers which threaten to perforate into the anterior chamber, and do serious damage to the visual organ. It is in such cases that the physician is so prone to use the Nitrate of Silver in solution and as experience shows, he had far better do nothing. Such ulcers are local manifestations of a general systemic disturbance, often of an enfeebling nature, requiring in connection with general tonics and good hygiene, the local use of sedatives. It is in such common cases that an atropia solution again comes in as a local agent of inestimable value. It is so soothing in its character, that after

a few applications the eye becomes stronger, it weeps less, stands the light better, gives less pain, and in fact may be said already to be in the way of convalescence.

In scleral injections, recognized by the uniform pink hue given to the white of the eye by the injection of the numerous small vessels which so freely ramify in this sclerotic coat, so constantly mistaken for the redness of conjunctivitis, the instillation of Nitrate of Silver is not to be thought of. This peculiar eye disease, usually engrafted upon a rheumatic diathesis, needs general remedies for its control. The local remedies required should be of a soothing nature, and as the iris is often involved in an extension of the pathological lesion, a solution of atropia becomes peculiarly applicable.

We could hardly conceive of an injection of the conjunctiva sufficiently great to permit a mistaken diagnosis in glaucomatous affections, when we take into consideration the intense head pains which belong to this serious intra-ocular malady, had I not now under care an acute glaucoma with rapidly deteriorating sight and the usual paroxysms of intense suffering, for which Nitrate of Silver was in all seriousness prescribed after due consultation. In many cases of chronic inflammations of the inner coats of the eye, we not only find the caustic solution in use, but used for so long a time that the scleral tissues have become permanently stained, an ever present evidence of the marked abuses of this remedy in the treatment of eye inflammations.

Every-day experience in observing the direct injury committed by the too liberal use of this potent agent, well worthy of its ancient name of infernal stone, induces us to condemn the prescribing of caustic eye drops by the general practitioner. For such general use I would have Nitrate of Silver scratched from the list of eye remedies. Better far omit its use in the very few cases in which it would prove beneficial, than have it do harm in the very many cases in which it is improperly applied.

While condemning the caustic eye drop in the strongest terms, I can not too strongly commend instead of it, the active principle of Belladonna, a remedy seldom used by the general practitioner, and yet one of the very best applications in the majority of the

acute inflammations of the eye. Every physician should keep on hand a solution of the Neutral Sulphate of Atropia, four grains to the ounce of Rose-water, and while habit now leads him to the caustic bottle, let a better judgment induce the acceptance of the atropia solution, as a most worthy substitute, to be instilled, if need be, into every inflamed eye which is presented for his treatment. With this remedy, even when blindly used, he is not likely to do permanent harm at any time, and will undoubtedly save many an eye, which, under the present method of irritating treatment, is doomed to destruction.

An aphorism for the treatment of the eye inflammations and for the use of general practitioners may be readily formulated:—For eye inflammations use Caustic very seldom, use Atropia very often.

A CASE OF DIFFUSE MELANOTIC SARCOMA OF THE BRAIN, FOLLOWING SAME DISEASE IN THE ORBIT.

BY OSCAR J. COSKERY, M. D., PROFESSOR PRINCIPLES AND PRACTICE OF SURGERY, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

George S——, aged 55 years, German laborer, was admitted into St. Joseph's Hospital January 10th, 1877. His own account is the following: Has been in America 30 years, and was "never sick" until about 4 years ago, when he first began to complain of pain in and about left eye, with loss of vision. His family history was good. For the eye trouble he had applied to Prof. J. J. Chisolm of this city, who, in response to enquiries, wrote me as follows: "The patient has been suffering from disease of the left eye for one year—now (October 14th, 1873,) a large protruding fungus, bleeding at times, of size of hickory-nut, protruding from the front of eyeball, taking the place of the cornea. Enucleation was performed," (on the above date), "the conjunctival wound healing up kindly and the case was discharged temporarily cured. The tumor was a malignant sarcoma, commencing in the eye chamber, in the choroidal tissue." After this operation the man was able to attend to his business for one year, when a return of the trouble again obliged him to apply for relief. Prof. Jos. A. White, to whom the patient applied, writes me as follows:

"George S——, entered the Washington University Hospital November 4th, 1874. He was in an enfeebled condition, due partly to a constant hemorrhage from an intra-orbital tumor, and partly to nervous exhaustion and want of sleep, the result of intense ciliary neuralgia. The tumor was a large black mass, completely filling the orbit and protruding from between the lids, of about the size of a large egg."

The growth was removed and only three points of attachment found, two above and one below. The "bleeding was stopped with the actual cautery and cavity packed with chloride of zinc

paste. One week later I again used the paste, and a few days after healthy granulations sprang up and filled the cavity. It healed nicely and the man was discharged, temporarily cured and his health re-established. In October 1876, or 23 months after the operation, I examined him carefully and found no symptoms of a recurrence."

As appears by the above, nearly two years of good health followed the last operation, but a return of the pain toward the latter part of 1876, and its steady increase in intensity, caused the patient to apply at St. Joseph's Hospital for admission.

The symptoms then were an expression of great pain, which pain he referred to orbit and left side of the nose, and the muscles of that side of the face were spasmodically contracted; the corrugator supercilii, and orbicularis being principally involved. The flap formed of the lids at the last operation was perfect. The patient suffered also from occasional headaches, and the pains were most servere at night. There were short intervals of comparative ease, but the sense of discomfort never entirely left him. Upon examining the orbit, a small tubercle could be felt under the skin of the upper eyelid, seemingly firmly attached above, and the orbit was about half filled with what was supposed to be the stump left by former operations. This mass, or stump, felt hard and resistent, and although the eyelids were firmly contracted upon it, they were nowhere adherent to it. The small tubercle, the most prominent suggestion of a new growth, was situated just back of the orbital arch, midway between the two canthi, about the size of a pea, and did not give rise to pain on handling. The patient's appetite and general condition were good; there was no cough, or any symptom to attract attention to either chest or abdomen, and, as he said himself, "if the eye did not trouble me I would be all right." His intellectual faculties were bright, for a for a man in his condition of life.

The man was up and about, his general health remaining good and only requiring an opiate at night in order to procure sleep, until February 25th, 1877, when, upon rising in the morning, (having slept moderately well the night before,) he noticed that he could not button his clothing in dressing. At the visit on this date I

found the patient's intellect clear, he was unable to hold any small object in either hand for any time, he walked with a shuffling gait, but the amount of paralysis existing was evidently greater in the right than in the left limbs. There was no hyper -or anæsthesia of the body, nor could I perceive, with the hand, any difference of temperature of the two sides. Two weeks ago patient had his attention called to a tumor on the right side of the neck, which he now pointed out to me. It gave rise to no pain, was about 1 by 2 inches in size, not connected with the skin, slightly lobulated, non-expansile but rising at each pulsation of the artery, hard and resistent to the feel. It was evidently an enlarged cervical gland.

March 4th.—Has not perceptibly changed since last note, except, perhaps, that hands have become more helpless. Patient remains in bed but takes food well. Does not complain so much of pain as before paralytic attack. To-day had a convulsion, probably epileptiform, which lasted, according to account of the nurse, about 10 minutes. Did not bite tongue. I saw him two hours after the attack. He was perfectly sensible but remembered nothing of the convulsion.

March 11th.—Has had no return of the fits, but on this date I found patient paralyzed on *left* side of face and body. The right side of the face was only slightly drawn, but the patient was unable to whistle. Tongue protruded slowly but straight; speech thick and indistinct; intellection slow but good; patient answering questions correctly. The condition of the left upper extremity was that of irritative paralysis, the biceps, brachialis anticus, and flexors and pronators being tonically semi-contracted, with intermitting semi-contractions, or rather startings of the muscles generally. The patient was unable to move the limb voluntarily. The left leg was perfectly flaccid, did not contract reflexly when sole of foot was tickled, and there were no muscular startings of it. Movements of right limbs good. Pupil of only eye in mid-state. Bowels have not been moved for a week, tongue slightly coated, and there is a decided difference, perceptible to the hands, between the two sides of the body, the left limbs being the warmer.

March 12th.—There are not such violent muscular startings as

were present yesterday. They are now confined to the muscles of the anterior and inner portion of forearm, (the flexors and pronators), and the long extensor of the left big toe. Paralysis of left side of face, and, so far as voluntary movements go, of the left arm and leg, is complete; anæsthesia of paralyzed parts, patient not feeling pinch or prick; tongue very slightly deflected to left; mental condition unchanged.

March 13th.—Muscular contractions weaker, and now confined to flexors and pronators of arm and common extensor of toes, instead of the long extensor of big toe, as yesterday. Anæsthesia is *not* present and pinching or pricking paralyzed parts gives rise to pain. Decided hebetude of intellectual faculties. Very slight difference in temperature of two sides.

March 14th.—While patient is sleeping profoundly the only muscles seen to be starting are the posterior interossei of the left hand. When waked, after some trouble, the flexors, pronators and common extensors of toes, again started off. Patient is stupid, and has passed water unconsciously. The right eye is firmly closed and a slight purulent discharge is issuing from between lids; which, on being separated, showed palpebral conjunctivitis. The patient has been perfectly quiet, on his back, and in present condition for last eighteen hours. It is only with difficulty that he can be induced to answer when spoken to, and is then scarcely intelligible. The tumor on right side of neck, above spoken of, is in about same condition as when first seen.

March 15th.—Seemingly decidedly better; more bright, answering questions readily and correctly, conjunctivitis has ceased, no starting of any muscles, but left fore-arm is rigidly semi-flexed. Lower extremities cold. Has made his wants known and has not soiled his bed since yesterday. Tongue coated, pointed out straight, and no curving of uvula. Complains of no pain.

March 16th—.Paralysis of face has disappeared, but patient's mental condition is certainly worse. Tumor of orbit has gone on increasing in size since admission, and now nearly fills orbital fossæ—near inner angle lids are adherent to tumor but over general surface skin moves freely.

March 17th.—Left side of face again perceptibly fallen. Though

not answering when spoken to, the patient still evidently understands, trying to whistle when told to do so &c. Both arms rigidly semi-flexed, can be straightened but soon return to former condition; fingers flexed over thumbs. Left leg not moved, but right moving freely. No reflex action of left leg. Again a very perceptibly higher temperature of left limb than of right.

March 18th.—Again passing water unconsciously. The patient's head is drawn to right side, face presenting over shoulder. The left sterno-mastoid is relaxed and the turning of head seems due to platysma-myoides, trapezius and deeper muscles of right side of neck. The head can be turned towards left with the hand, but upon removal of hand the head soon returns to its former position; pupil contracted. The only muscles now starting are the right serratus magnus and the right half of diaphragm, though respiration does not seem to be interfered with to any extent. Cannot be induced to answer when spoken to; but he still evidently understands, his eye following me around the room.

Last night patient had a series of epileptiform convulsions in which he screamed and struggled violently with the right limbs, but did not bite his tongue. Takes food well, and never, since the commencement of the attack, has he made any attempt at vomiting.

March 19th.—Patient sank into a quiet sleep last evening from which he could not be roused, and died in coma at one o'clock this A. M.

At the post-mortem, twelve hours after death, the only parts that could be examined were the brain, orbital tumor and cervical gland. On taking off calvarium a remarkable absence of Pacchionian bodies, and the great ease with which skull-cap came off were only things noticed. The dura-mater was not much congested, and upon slitting it up and extracting the brain not more than an ounce or two of blood and serum together ran out. It was found that the dura-mater was adherent to pia-mater on either side of the falx over the upper ends of the ascending frontal and ascending parietal and over anterior fourth of post-parietal convolutions, especially upon the left side.

After the brain had been removed from the skull, the dura-mater over the left orbital plate, was followed through the optic foramen

and became lost in the fibrous covering of the tumor, which consisted of the periosteum of the orbital fossæ. The tumor could be peeled out cleanly from this fossa except opposite the frontal sinus, and towards the inner side, where it was found to have perforated the os-planum of ethmoid. In both these situations a portion of the growth was left. In order to extract this tumor the orbital plate of the frontal was broken through with a chisel from above. The orbital plate was not found to be at all involved in the disease. The microscopic appearances of this growth will be found below.

The gland from the right side of the neck was attached deeply but had not its fibrous sheath perforated. It was typically melanotic. There were several more small glands infiltrated, not discovered during life.

The pia-mater was not adherent except at certain spots, as stated below. Weight of brain 50 ounces—Substance dense—*cerebral convolutions:* Both on external surface, beneath and not involving pia-mater generally, sometimes involving this membrane and coming off with it, and in the white substance near the gray matter, masses of melanotic matter were found disseminated throughout. These masses varied in size from microscopic spots to collections a quarter of an ich in every diameter, and in one or two places even reaching nearly half an inch. Upon the surface the greatest number of these spots were located upon the right superior and middle frontal, and ascending frontal and ascending parietal (Ecker,) convolutions. They were also found upon the surface of the calloso-marginal gyrus and gyrus fornicatus of the right hemisphere, and upon the left hemisphere, superior surface in front of the sulcus centralis but not so thickly studded as upon right. All these masses were large, averaging the size of a pea. Everywhere that a cut was made, in the anterior, middle or posterior lobes, these black masses were found; the larger ones being on the surface. It is impossible to estimate the amount of distruction to the cortical substance by their presence but it must have been very great. The foreign matter seemed to have formed little spaces in the brain substance and when they were enucleated, which was easily done, they left small clean pits; the fibres of the brain were seemingly only pushed aside for their reception.

In several places the deposits had blood-clots around them, but generally there were none, and in each hemisphere was a large extravasation. That on the right involved, superficially, only the ascending parietal convolution, pushing aside the fibres of the convolution, appearing under the pia mater, and, dipping down into the white substance below, formed a pear-shaped mass of clot about one inch by two-thirds of an inch in size. There was also about one drachm of fluid blood in the cavity.

The hemorrhage in the left hemisphere involved the ascending frontal, and, partly the ascending parietal convolutions, superficially, dipped down into the white substance about two-thirds of an inch, and then, tearing up the perpendicular fibres coming from the convolutions, extended forward longitudinally with the long axis of the brain about one and a third inches. This cavity also contained a small quantity of fluid blood.

Condition of inner portions of cerebrum:—There was one minute spot in corpus callosum, none in fornix or velum interpositum. Five moderate sized masses in right choroid plexus; four in left. Two very small in right hippocampus major: a number in left hippocampus.

Corpora Striata: *Intra-ventricular portion* on left side showed four points of the average size of No. 7 shot, pushing up the lining membrane of the ventricle, and, in the case of the largest mass, bursting through it. Deeper down there were very few spots. On right side one very small mass could be seen beneath the lining membrane, but there were several masses deeper. The extraventricular portion of the ganglion contained only a few small points on either side. Optic thalamus of either side rather thickly studded with small masses.

None were found in crura cerebri, corpora quadrigemina, valve of Vieussens or medulla, and but very few, and those minute, spots in the pons varolii.

Both hemispheres of the cerebellum were riddled with black masses; more especially was this the case in the posterior portions; around many of these spots, which varied in size—the largest being one-half by two thirds of an inch, were blood clots. These bloodclots evidently varied as much in age as in size, but the

size of the clot did not correspond in every case with that of the mass. In one spot there was an aggregation of these masses, and there the surrounding brain substance was of a diffused brown color. Everywere in the substance of the brain the melanosis took place around the vessels, which would account for the majority and larger masses being upon the surface.

There were loose clots in the arteries at the base of the brain but no black deposits were found in their coats, nor was their calibre anywhere occluded. The specimens were preserved.

REMARKS:

This case is an extremely interesting one for several reasons:

First.—Because it follows the history of a case of sarcoma of the orbit, from the earliest manifestations of the disease to death four years afterwards.

Secondly.—The mode of cerebral involvement was plain; through the blood-vessels. This is the established belief, but, if sarcoma is only absorbed through these vessels, why did we have the cervical glands involved, and those upon the right side? Again, why did we have no symptoms pointing to chest trouble, the place where they should have shown themselves first? Moreover, there were no deposits in any of the sinuses, which were examined. (I regret exceedingly, that the chest was not examined before or after death, but the interest of the case lies in the cerebral lesions.)

Thirdly.—With such wide-spread and great involvement of the cortex the intellectual condition was remarkable. It is only another evidence of the capacity of accommodation possessed by the brain.

Fourthly.—Why did paralysis of the right limbs come on February 25th and irritative palsy on March 11th? I believe these two conditions can, in part, be explained by the difference in character of the two extravasations in the cerebral hemispheres spoken of above, and if they can thus be explained, is strong corroborative evidence of Ferrier's views. The symptoms on the left side of the body, the muscular startings, closely simulated those produced by him when irritation was applied to the same convolution. On the left side of the brain the clot, by extending horizontal-

ly, tore up the fibres coming from the motor centres, while on the right these fibres were only pushed aside. Still, the generally diseased condition of the brain would somewhat destroy the value of the observation. I would, however, state that in a case some time since in my care, where the ascending frontal and parietal convolutions of the left side, were the only portions of the brain occupied by a soft malignant tumor, the symptoms were similar.

Fifthly.—The appearance of the symptoms could be referred to the extravasations, I believe, and their disappearance to the fact that the already abnormal brain, though shocked for the time, was accommodating itself to the new condition. The density of the brain, and great variety in size of the melanotic masses, were strong evidence of the deposit having been going on for a long time.

Sixthly.—What symptoms detailed above would have led to a suspicion of the condition found in the cerebellumn? And why was there no reflex action on tickling sole of foot? To be sure, the spinal cord was not examined, but there was no suspicion of its involvement up to Febuary 25th.

Seventhly.—The diagnosis was made that the new growth had, in all probability, involved the orbital plate and dura mater, if not the brain substance, and the symptoms of right-sided paralysis seemed to give confirmation of this. When the other symptoms, or left muscular startings, came on they where referred to some accidental cause involving the convolutions—ascending frontal and parietal of right side most probably. On account of the first diagnosis, an operation, for which the man came into hospital and which he earnestly desired, was considered unjustifiable; this diagnosis, the sequal proved incorrect.

REPORT OF MICROSCOPIC APPEARANCES OF ORBITAL AND CEREBRAL TUMORS, BY DR. N. G. KEIRLE.

The tumor (orbital) is a melanotic round-celled sarcoma. The microscopic histology of the orbital tumor is the result of elementary involution of fibrous tissue which has undergone retrograde metamorphosis into spindle-cells; the nuclei and protoplasm of these cells, by repeated division and proliferation, give rise to numerous irregularly rounded cells, with large, prominent

nuclei. These cells, which are decidedly larger than white blood corpuscles, are, in some situations, disposed linearly in the site of the fibres from which they originated; in other places, by their increase in size and number, they so push aside and dispose of the remnants of the fibres as to form, for themselves, a network therefrom; again, elsewhere, so rapid and numerous has been the proliferation of these round cells that they have utterly destroyed the fibres from which they sprang, and occupy and form for themselves alveolar spaces in the surrounding connective-tissue stroma, and here culminate in alveolar-medullary-sarcoma—sarcoma-carcinomatodes.

This growth probably had its seat at first in the choroid—rich in vessels and in cells which derive their pigment therefrom; its original point of departure may have been the endothelia of the vessels. Tending to confirm this conjecture is the fact that in or about the middle of the alveolated cell-spaces, beforementioned, there exists sometimes a large vessel and, where this is the case, the accumulation of round cells is markedly greater than where the vessel is absent; but as the section was made transversely to the vessel its endothelia did not come into view and its condition as to proliferation or impigmentation in this situation remained undecided.

Sections of the brain were more fortunate and their microscopy decidedly more interesting in general and more satisfactory in particular, (both) as relative to the endothelia in its condition of proliferation and impigmentation, (and) as also to the point of departure or original imparture of the morbid impulse.

The general point of interest is, that microscopic observation prevents an error which would be most excusable if we were restricted to gross inspection. I mean the erroneous conclusion and inference that the cerebral phenomena are the results entirely of embolism—are chiefly embolic infarctions. A section, made through and around the small-bird-shot-sized black masses, longitudinally to the vessels which contain them, shows that these masses are composed of the endothelia of the adventitia luxuriantly proliferated and abundantly impigmented, yet the pigment is not all-pervading, for considerable masses of cells are destitute

of it. To account for which there are both certain fact and plausible theory; the first being that these cells are not abinitio pigmented but colorless; for often a long time elapses before they stain themselves. The other is the probable inference that the exuberant cell growth, which has converted the minute vessels, and their still more minute divisions, into solid cylindrical branchlets composed entirely of cells, shut off completely, at an early period of the circulation.

PRACTICAL REMARKS ON THE DIAGNOSIS OF THE EARLY STAGE OF BRIGHT'S DISEASE.

BY A. B. ARNOLD, M. D., PROFESSOR PRINCIPLES AND PRACTICE OF MEDICINE, WASHINGTON UNIVERSITY, BALTIMORE.

A satisfactory account of the symptomatology and course of chronic Bright's disease is one of the most difficult tasks of systematic writers. This is especially true of the early stage of this renal affection. The mere enumeration of symptoms will afford little assistance in identifying it under the variety of walks it may assume. Such a picture can only represent a bald and lifeless lay-figure, wanting in those features that would render it a true copy of the clinical reality, with which the experienced practitioner is familiar. It must have often occurred to many observers, who studied the peculiarities of this disease as it came under their notice, that the underlying renal lesion could hardly have been always of the same character; and it is therefore not surprising that a number of eminent pathologists call in question the correctness of the accepted opinion, that the different anatomical changes of the kidney, found on dissection, indicate only different stages of the same morbid condition. From the time that Grainger Stewart first recorded the results of his renewed investigations concerning this point of renal pathology, to the recent publications of Prof. C. Bartel's clinical lectures upon the same subject, the conviction has been gaining ground that the morbid appearances of the kidney, observed in many examples of albuminuria, are due to a peculiar pathological process. If the small contracted kidney in the greater proportion of instances, is not preceded by the stage of enlargement of that organ, then an explanation is afforded of some of the dissimilarities exhibited in the clinical history of what is called Bright's disease, and to which I shall presently refer. In using the uncompromising synonym, albuminuria, it is of course understood, that the mere presence of albumen in the urine is not considered to imply the existence of a primary renal disorder. Albuminous urine, is well

known to be frequently found in organic disease of the heart, in many acute febrile disorders, in cachectic conditions of the general system, &c., &c.

The following brief sketches of several groups of symptoms, in which the practitioner will at once recognize insidious or masked cases of albuminuria, serve to illustrate some of the difficulties involved in their diagnosis:

A robust, healthy-looking man complains of severe headache, resembling hemicrania, which comes on at irregular periods. Vision is slightly impaired. Occasionally the violent paroxysms of neuralgic-like pain about the head and face terminates in vomiting. Dyspeptic symptoms, without any assignable cause, are present during the intervals. In some of these cases the symptoms mentioned are of such a mild character, that the patient is apt to pay but little attention to them. At times a diarrhœa supervenes which does not yield to the ordinary remedies. Sooner or later, the patient becomes aware of his failing health, which he attributes to the gastric or intestinal disturbance. The medical attendant begins now to suspect that a more remote cause may be at the bottom of the evident anæmia, the pallor of the face, the slightly puffed appearance of the eyelids and the feeling of increasing debility. There is usually some œdema about the ankles, if looked for, but the examination of the urine clinches the diagnosis. Perhaps, long before this, an ophthalmoscopic exploration would have demonstrated the presence of renal retinitis.

Another set of symptoms, also apparently located about the head, may take the place of the neuralgia. There is frequent flushing of the face, ringing of the ears; the eyeballs feel hot and heavy, and there is a sensation as if the head was compressed in a vice. Sleep is disturbed, and during the waking hours the patient complains of languor and a general indisposition for physical and mental exertions. Instead of these signs of active cerebral congestion, an unaccountable somnolency may be the prominent symptom. Increased action of the heart, which sometimes amounts to annoying palpitation, is invariably present, and probably explains the occurrence of the head trouble. The subse-

quent appearance of anasarca seems to abate the disturbance of the brain.

The disordered movements of the heart may be the most obtrusive symptom to which the attention of the patient is directed. Physical examination will often detect hypertrophy of the left ventricle without the presence of valvular disease. The pulse is quite characteristic: it is hard and jerking, owing to increased arterial tension. This condition of the heart and pulse, if not associated with other signs and symptoms that point to the probability of renal trouble, will induce the careful physician to extend his examination beyond the determination of the cardiac disorder. Experience teaches that hypertrophy of the left ventricle is seldom absent in cases of contracted kidney; it is in that form of Bright's disease, where the dropsy is very moderate or altogether absent, and where the patient is apt to be suddenly seized with coma, or epileptiform convulsions.

The rapid development of œdema or congestion of the lung in this disease, especially towards its close, is well known. But I have observed the occurrence of this formidable pulmonary affection at a very early stage of albuminuria, when only the subsequent detection of slight anasarca gave a clue to the true nature of its pathological antecedents. On further inquiry, the physician, who may have been called to attend the patient for the first time, will hardly fail to elicit the information that a bronchial catarrh accompanied by considerable dyspnœa had existed for some time. Elderly people who are mostly subject to such intercurrent attacks of pulmonary congestions are also frequently troubled with erysipelas and phlegmonous affections of the skin.

A most interesting point in reference to scarlatinal dropsy relates to its prognosis. Although the majority of these instances of acute Bright's disease do well without any active treatment, there occur others which prove to be unmanageable. According to the observations of Abeilie, it appears that those cases in which albuminous urine is detected during the eruptive stage, will generally have a favorable termination, while in the the event that the albumen be discovered in the desquamative stage, the final issue is

very doubtful. With regard to the treatment in severe cases of scarlatinal dropsy, which are apt to end fatally by the abrupt occurrence of convulsions or coma, I am strongly of the opinion, that prompt abstraction of blood by venesection or cupping, followed by brisk purgation are the best means of guarding against the implication of the nervous system, and of cutting short the course of the disease. Prof. Jacobi of New York has recently urged the adoption of the same plan of treatment. Among the precursory symptoms which may be considered to indicate the effects of uræmic poisoning, the following appear to me of chief importance: Violent headache in older children, followed by incessant vomiting of bilious matter, carpology, fibrilation of the muscles of face and neck. Suppression of the urine is invariably fatal.

I would add, as a matter of personal experience, that the routine employment of the Tincture of Iron in acute or subacute forms of the disease, for the purpose of checking the draining of albumen, has the disadvantage of diminishing the elimination of the effete substances by the kidneys.

URETHRAL STRICTURE.

BY THOMAS R. BROWN, M. D., PROF. CLINICAL AND OPERATIVE SURGERY AND DISEASES OF THE GENITO-URINARY ORGANS, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

During the past three years the attention of Genito-Urinary Surgeons has been especially invited to the study of urethral stricture, their pathology and treatment. The fresh interest in this subject is, in great part, due to the new departure of Prof. Otis, as to what constitutes a stricture. Heretofore, the French surgeons have taught that an urethra through which a twenty-one of their scale could be passed is free from stricture. According to the English school, if an eight or nine of their scale can be passed into the bladder, no stricture can be said to exist, whilst the American standard of 31½ millimetres was quite universally accepted as correct. In opposition to these current views, it is claimed, as the outcome of many experiments, that there is no such thing as a "standard urethra," which applies to every man any more than a standard hand or foot, but that as they vary in size in different individuals, according to the physique. So the urethra varies with the size of the flaccid penis. It is moreover claimed that this variation is definite and according to a rule; beginning with a penis three inches in circumference, its urethra would measure 30 millimetres, and for every ¼ inch increase in the circumference of the penis, there would be an urithral increase of two millimetres. These results have been verified by Otis in nearly all of 500 examinations. The establishment of this proportionate relationship, if sustained, would be a valuable addition to both Anatomy and Surgery, and for the purpose of testing its correctness many investigations have been made—notably by Drs. Hy. B. Sands, Weir, Mastin and myself in this country, Teevan, Watson, Berkley Hill, Cooper and Coulson in Great Britain—with a result that is anything but satisfactory.

The second important claim put forth by Dr. Otis—that of the uniform calibre of the typical urethra throughout—has been as

vehemently denied as asserted. The third proposition and perhaps most important in a practical point of view, is that which relates to results of treatment. It is insisted upon, and if true the argument is a sound one, that operations performed in accordance with the rules laid down, followed by the proper after-treatment, yield perfect results and complete cures, cures so complete that the previous seat of stricture cannot be detected by a properly sized olive sound, and so complete that the danger of re-contractions no longer applies,* enabling the patient to dispense with the dependence upon the introduction of the sound for the purpose of keeping his urethra open.

The fourth point is, that by far the most strictures, in fact nearly all, are found in the spongy urethra. This contrasts with Sir Hy. Thompson's position, who locates sixty-one per cent. in the membranous, or bulbo-membranous part, and is doubtless to be explained by the fact that the anatomical basis of the former's collection of cases and that for the latter, are distinct and dissimilar. The coarser procedure of the one ignored, as having no existence what the more refined method of the other esteems important and demands treatment. Hence it is that we hear so much of late about strictures of large calibre; not only because they are morbid conditions of themselves, but chiefly because they are apt, if let alone, to go from bad to worse, and sooner or later impair seriously the efficiency of the organ. It will be observed that this advance seems to take no account of the by no means dis-established assumption, that slight constrictions not only may be present, but may become harmless in the course of time, undergo absorption, or by a process of infection, (strictly rendered) take on the structure and function of the tissues in which they are seated.

These are the salient points of this new method, and the importance of keeping our premises constantly in view must explain this reference to what, after a fashion, is already before the profession. And whilst we must admit that the author has conducted his investigations with commendable fairness and zeal, we must

* See reference to report of Prof. Alfred Post, Drs. Miner, Woodruff, upon an examination of patient operated upon for five (5) strictures "with complete absence of a trace of stricture."

also regret that his challenge of criticism has not been accepted. We have had any amount of *a priori* reasoning presented against his formidable array* or on the other hand such complacent acceptance of the claims, both alike damaging to the cause of truth, that we would pronounce not so much "not proven" but "not tried". The trial has made little progress, the case is still open with all the presumptions necessarily favorable to Dr. Otis' side. Let us briefly consider some of the results of the trial as far as it has progressed.

"As to the question of the normal urethral calibre, Sir Henry Thompson, who has all along been the great champion for small sounds, has recently admitted that† "he had long seen the practical necessity of a higher estimate of the normal urethral calibre than that generally assumed." With this sentiment Mr. Berkley Hill, of the University College Hospital, London, agrees, and for the sake of illustration I quote the following of his:

"I did Syme's perineal section in a case of traumatic stricture lying in my wards, and who had been several weeks in Guy's and St. Bartholomew's Hospitals, and under private treatment before he came to me, without any instrument's having reached his bladder. I measured the circumference of his flaccid penis, and found it 3¼ inches. I turned to my audience and said: 'now according to Dr. Otis's observations, this urethra should easily admit 32 F.' I took up 32 F. sound, (at the size a general murmer ran round); I placed it in the meatus and it slid down to the bulb quite by its own weight. Then it was stopped of course by the stricture. I then proceeded to divide the stricture upon a Syme's grooved and shouldered staff in the perineum; the thick part of the staff was No. 26. I held it up to the audience along with the usual one of No. 16, to show the difference. After division I took the 32 F. sound again and slipped it readily into the bladder." In connection with another case he states, "I divided a contracted meatus this afternoon in a private patient, (his own doctor being in attendance); after which No. 39 F. passed readily down into

*See Sands "on the causes of gleet and calibre of the male urethra". New York Medical Journal, March 1876. R. F. Weir, New York Medical Journal, April 1876. Boston Medical Journal, November 1876.

†See report on advances in Surgery, Virginia Medical Monthly, January 1876.

the bladder, as I had announced that it would when I measured the canal with the urethra-metre. I then made the practitioner pass the 39 himself, in order that he might be sure that there was no hocus pocus in the matter." Testimony of this character must carry weight, especially when it is considered that the cases cited evidently constitute parts of a series. It is scarcely necessary to argue farther, this need "for a higher estimate of the normal urithral calibre." So far as my own examination of nearly one hundred cases extends, whilst not prepared to affirm that the *exact proportionate* relationship between penis and urethra exists, I am convinced that the capacity of the urethra is much greater than has been supposed and that the size of the urethra bears some ratio to the size of the penis. It is important to state here that all of my measurements were made with the urethra-metre, a most invaluable instrument. The amount of benefit, however, derived from its use depends upon the skill and delicacy acquired by long education in its manipulation. And under no circumstances must the "limit of easy distension" apply to the patient, except to a minor degree. That "feeling of fulness" referred to the patient, "sense of distension" must be regarded as too varying to make it the "sine qua non" of a grave surgical operation. As stated above, my examinations do not justify me in conceding the relative size of penis and urethra, so far as the measurements of the latter were made with the urethra-meter. This may spring from a want of proper tact in handling it.

In certain examinations it was quite evident that the same penis in a state of flaccidity may vary in its dimensions, when exposed under different temperatures, also that there were variations in different parts of the same organ—the point near the peno-scrotal angle measuring less than immediately behind or at the corona glandis; in fact does not the nature of the tissue of which the penis is made up suggest such conclusions? Under such circumstances as these what part must be selected as standard? With the statements of Prof. Sands, and Dr. R. F. Wier, that contractions occur in different parts of the normal uretha and are not prima facie evidence of disease, as indicated by a seris of eight carefully prepared wax casts, my investigations do not agree. In all instances

where obstructions to the easy movement of the urethrameter were met with, there was abundant reason for suspecting disease. The converse is equally true that where the urethra was found to be normal, the withdrawel of the instrument was accomplished without resistance. These and the post-mortem experiments serve to convince me that constrictions do not belong to normal urethræ, and where they do exist they must constitute the rare exceptions. It is a curious fact, which seems to have gone unnoticed, that in both of the collections of casts referred to the principal narrowings were in the anterior half of the urethra, a possible effect of the injection not continuing in the same state of liquefaction throughout, or again, if this supposition be not correct, might not these few cases when placed beside Prof. Otis' 500 cases, be classed with urethræ in a state of disease. This is especially probable when we recall the fourth proposition as to the most frequent site of stricture, a position which I fully indorse. Out of nearly 100 strictures divided by myself, including many that are usually designated as impermeable, at least 75 *per cent.* were found within the anterior 4½ Inches. I am therefore led to infer that those deeper constrictions are nearly always the consequence of extension of disease from in front. With reference to the controversy as to the existence of the boat-shaped dilatatation—the fossa navicularis—I have been forced by my post mortem, rather than by the urethra-metric inquiries, to consider it to be the rule for this, or at least some form of dilatation to be found. In my examinations, not exceeding a dozen, to be sure, made according to the directions of Malgaigne and Thompson, it was always present. I feel however almost convinced that it is acquired and not congenital, and dependent upon the constant and increased tension to which this part is subjected in the resistance to the exit of urine offered by a contracted meatus. For the purpose of determining this point, I have examined a number of fœtal and infants' urethræ, some of them in the presence of my colleague Prof. Bevan, and up to this time I have met not *a single one* in which this dilatation occurred. In all of these examinations the meatus was invariably found to be narrower than the rest of the canal. As an evidence of how utterly un-

reliable our hitherto arbitrary mode of excluding strictures really is, I would cite from among a number, the case of Wm. ——, in attendance upon my clinic, as an out-patient, at the College of Physicians and Surgeons. The size of his penis was 4¾ inches, and upon introducing the urethra-meter, and expanding it to what I believed the proper size, the indicator marked 47 millimetres. Without any more than the usual discomfort, and but very inconsiderable pain, it was withdrawn easily along the entire urethra, it only becoming necessary to diminish the bulb at, the meatus, and at that point to 35 millimetres. Now in this case how very unreasonable it would have been to have allowed the introduction of a No. 8 or 9 of the English, 21 of the French and 31½ of the American scale to effectually dispose of the question as to whether there was stricture in that man's penis or not, when not one half of its normal calibre had been ascertained. And even taking his meatus as the guide, its indication would have fallen short to the extent of 12 millimetres. I am therefore compelled to agree with Prof. Sands, that "in practice we find in the size of the meatus a rough test for the calibre of the urethra," a test indeed so very rough and unreliable as to preclude our making any use of it in an operation which has for its object a complete division of the stricture.

From what has been said, I am forced with the qualifications stated, to agree with the principles contained in this postulate, and to decide that the old methods of examinations abound in faults. Under its teachings very decided disease must have been overlooked, and an easy explanation of the intractability of that bug bear-gleet, now recognized as the offspring of stricture, obtained. In passing I may state here that this dependence of gleet upon stricture has been greatly misunderstood, because when the stricture has been effectually divided, the urethral discharge did not cease. Many have considered this to disprove the connection, but this is obviously unjust, for the reason that the stricture was not the gleet per se, but the cause of it, and in a way easily to be explained. The obstruction favors the accumulation withni the urethra of residual urine bound to undergo decomposition. This urine, acting as an irritant, constantly applied, especially to

the sinuses of Morgagni, induces a chronic catarrh, which requires after the division of the stricture, treatment of the most persistant, discouraging character. As it is true that all acute diseases tend towards recovery, it is equally true that all chronic diseases tend, with as much emphasis, in an opposite direction. This, we all must admit, holds true of gleet. I am not prepared here to explain those cases of gleet, wherein the discharge had contined over such a period that analogy would warrant an assumption of stricture, and which are said to have disappeared entirely upon expectant treatment. I can only say that I have met with no such cases during these investigations, and feel inclined to question the completeness of the alleged recoveries. On the other hand, I have met with a number whilst presenting a somewhat similar history, they have, in addition, complained of a peculiar susceptibility to contract "fresh cases" of what they called gonorrhœa or simple urethritis, contracted whether after legitimate or illegitimate sexual indulgence · after "taking cold," or after slight excesses in eating or drinking. By way of illustration I extract from my "Case Record" a brief synopsis of two cases:

Case 1. Mr. ——, Jr., contracted four years ago a case of gonorrhœa, which after the usual treatment and a long time "got well". Has noticed since that time that scalding with urination and a discharge would follow sexual intercourse. This discharge, which, the patient states, is like that in his previous attacks, when seen by me, was not the frank, purulent discharge of gonorrhœa, but was decidedly more serous, though the usual symptoms of irritation were present. I observed that during urination the stream was too small, somewhat twisted and followed by dribbling. An attempt to pass 32 F. was made but failed, this being the size indicated. Before the canal could be traversed it became necessary to use the smallest olive in my possession, which is marked 13, F; the contractions being so considerable as to prevent the use of the urethra-metre until after a Thompson's divulsor had been introduced and dilated. Three distinct strictures were made out —one 3 inches, the second 2½ inches, and the third 1½ inch from the meatus, all of which were completely divided. Now this man

considerd his penis well, except as to these recuring attacks of gonorrhœa.

Case 2 presents almost identically the same history, except as to the number of strictures, there being but one, and as to the suspected cause of his urethral attacks—"cold". The stricture, located in this instance 2⅛ inches from the meatus, was alike perceptible to myself and to his physician, Dr. Saltzer of Baltimore. In both cases, the usual after-treatment of the tri-weekly introduction of the proper sized sound was followed out strictly and with good results.

Another point, in this connection, is the alleged insignificance or harmlessness of strictures of large calibre. Before accepting this there is need for more extended observation. I fully endorse the claim of the pathologist that this simple cicatricial tissue is liable to increased hyperplasia and liable to become not only a more and more serious condition in itself, but also liable, even in its early stages, to produce consequences that may prove dangerous and even disastrous. If space permitted I should like to give the details of two cases in point; the first that of a man dying in the Hospital of the College of Physicions and Surgeons from toxremia consequent upon extravasation of urine through a hole in the urethra 1¼ inch long, beginning just behind a stricture through which a No. 12 Van Buren's conical sound could easily be passed. The second case occurred in the practice of Mr. Walter Coulson, of the Lock Hospital, London, and is reported in the *Lancet* of August 28, 1875, page 332–333, in which perineal fistules, refused to heal after the usual section, until some strictures of large calibre, anterior to the fistulous openings, were freely divided. After this the patient entirely recovered. The anterior strictures were large enough to admit a No. 10 E. and still they offerred sufficient resistance to the flow of urine to keep the false passages from healing. I do not mean in either of these cases to dissent from the now generally accepted opinion, that perfectly normal urine is innocuous when even incjcted under the tissues, but more than probable in both of these the urine was not normal.

These are some of the notes which I have wished to make about that which I hope and believe will become a valuable addi-

tion to our fund of surgical knowledge. At some future time I propose to extend these comments, especially with reference to the results of the operation, not sufficient time having as yet elapsed to make me willing to venture an opinion. I feel justified in stating, even now, that I have made re-examinations where the strictures have been completely divided, nine months after the operations, without finding re-contractions.

EDITORIAL.

ANNOUNCEMENT.

In establishing a new Medical Journal and bespeaking for it a favorable reception at the hands of our professional brethren, we feel that some explanation may not unnaturally be expected of the motives which have led us to engage in this work, and of the mode in which we propose to conduct it.

It may be thought that the need for periodic medical literature is more than supplied, and that there are already too many Journals before the profession, claiming its support both in the way of subscription and of literary contribution. Anticipating and forestalling this criticism we admit freely at the outset that of portions of the field of medical journalism it is no doubt true. One able Quarterly, showing all the energy of youth, and yet dignified by age and by connection with the historic past of American medicine, is a fit representative of the profession before the world, and supplies a medium for presenting the more profound results of study, which from their graver character must be comparatively infrequent, and can thus wait for the recurrence of quarterly periods. Several well managed and valuable Monthlies have passed that period of probation to the uncertainties of which all new ventures are liable, and have taken rank as accredited organs of professional opinion. And, last in the list, the success which has attended the medical Weeklies of England, has led to the establishment of journals of the same kind in this country, which commend themselves by the frequency of their visits as well as by their merits.

And yet with all this array there is room, we believe, nay more, there is need, for further enterprise in this department of literature. It must be admitted that a change has taken place in the way in which studies are pursued in almost every branch of knowledge. The present age in its literary, scientific and political aspects, is emphati-

cally an age of journals and magazines, which are the signs as well as the results of the rapid development and extension of thought.

The laborious student of former days followed up the subject of his investigations in all its connections with the past from its origin to its full development. He could read for himself all that had been written upon it by others. Especially was this true in matters of physical science, in which every one could verify observations without depending upon the authority of others. For a long time little had been accomplished, and advances were made but slowly. Now, however, another order of things prevails. The accumulations in almost all the departments of knowledge are so vast that no single mind and no single life can accomplish the mastery of the whole of any one. Much of what the student requires he must take upon authority, so that, furnished with the attainments of the past, he may be prepared to receive and appropriate the constant increments of the present. Thus authority acquires importance; and as rightly understood authority is justly entitled to be regarded as a guide between which and truth no real opposition exists. Communications must therefore be kept constantly open with those who are entitled to speak with authority; and authorities, however elevated their position, must always be ready to receive help from the humblest co-workers with themselves. To these ends continual interchange of thought is needed both in regard to what has been done, and to what is in process of doing. And this interchange can be effected only by such a medium as periodic journals afford.

In the affairs of nations the knowledge of important events was formerly gotten, so far as the general public were concerned, only after they became accomplished facts, the formed material of history. But now the very process of formation and of organization is open to inspection, and we see history, so to speak, in its nascent state. The communications between governments are given to the world; the newspapers tell us of a conference yesterday, a protocol to-day, it may be war to-morrow; and before our eyes the tissue of history is woven.

So in physical science the advances of the present era are largely due to the constant exchange of thought among those who are working to one end; each observation of value being transmitted to every observer in the same field. And this is accomplished in great part through the medium of scientific periodicals. For not only are the

original deposits of discovery made in journals, so that the earliest tracings of important truths, the "coming events" which "cast their shadows before," are often there to be found; but they serve the further purpose of handing on from mind to mind the truth once gained, and thus confirming what has been won, or stimulating further inquiry. With such a host of workers as now occupies the field of medical discovery ample space is needed for the records of their work; and for this reason we maintain that there is still room for more periodic literature to preserve and to disseminate the products of an age of restless, untiring activity.

A word or two in regard to the special occasion which we conceive to exist for a medical journal in this community.

Baltimore has been for many years a centre of medicine, the seat of medical schools, one of them among the oldest in the country; and of a medical society whose charter originated in the last century, and which is to-day in full and vigorous life. It will be ere long the home of still another school, whose munificent endowments will further stimulate labour and research in the laboratory and in the hospital. It is therefore high time, we think, that a place of such varied and important medical interests should have its own organ of medical thought and medical work. We propose to draw largely for our pages on the rich stores of clinical material which this city affords; and we are happy in having secured the assistance in our work of men who are occupied daily in the study, in the lecture-room and at the bedside.

For the rest, and apart from strictly scientific work, we shall endeavor to promote that broader culture to which medicine has in all ages been conducive, and thus to vindicate the ancient fame of our profession as indeed a learned one. We shall seek by every means in our power to maintain an ethical standard by conformity to which our common vocation as physicians shall be upheld above the rank of mercenary trades, and made the ministry for good that it is capable of being, not only to those who are the subjects of its beneficent labors, but to those also who pursue it as a calling.

We pledge ourselves and our fellow-workers to strive together for the common good of the profession, and with this aim,

> "Now leaving to the skill
> Of others their old craft sea-worthy still,
> We charter this; where mindful of the past,
> As true co-mates we gather round the mast."

And so, having launched our bark, in the hope of favoring gales, we ask the good wishes and the kindly aid of all our friends.

H. E. T. MANNING, M. D.
T. A. ASHBY, M. D.

Baltimore, May 1st, 1877.

TO THE PROFESSION.

A very large edition of the first number of the *Maryland Medical Journal* has been issued with a view of placing it prominently before the profession. Copies are sent to many physicians, who are not subscribers, in the hope that they will subscribe and contribute thereto, and induce their friends to do likewise. We invite a careful examination and respectfully solicit the approval and encouragement of the entire profession.

The size and character of the *Journal* will be increased and improved from time to time as circumstances may seem to justify, but the subscription price will always remain $3 per annum, *invariably* in advance.

OUR CONTRIBUTORS.

We are pleased at being able to announce that we have secured the assistance of prominent men in the profession throughout the country, (some of whom will contribute to each number), and we are safe in promising members of the profession a journal entirely worthy of their support.

Our corps of contributors includes prominent teachers and leaders in the profession in the states of New York, Pennsylvania, Missouri, Maryland, Tennessee, Kentucky, Virginia, West Virginia, North and South Carolina, Georgia and Alabama, whose names, alone, will ensure for their articles a warm reception and eager, attentive perusal.

OUR RESOURCES.

Baltimore, with its three prosperous medical colleges, (each with a large hospital), four or five flourishing medical societies, and numerous private and public hospitals, affords a fine field from which to draw material for a medical journal, and our readers shall have the benefit of these sources of information as far as we may be permitted

to use them. These, in addition to promised reports from hospitals in other states, will contribute largely to the interest and value of the *Maryland Medical Journal.*

SELECTIONS.

With this, the first number of the *Maryland Medical Journal,* the character and variety of the selections is necessarily limited, by reason of the fact that our exchange list is, as yet, incomplete.

It is our purpose to make this an important feature of our publication, and in future the very cream of home and foreign journals will be given in a form at once attractive and valuable.

OUR ADVERTISERS.

A limited number of advertisements have been received, their character and responsibility being the main elements considered, and we have no hesitation in commending them to the kindly consideration of our friends and patrons.

NORTH CAROLINA MEDICAL SOCIETY.

The medical society of North Carolina, will meet in Salem, in that state, on Tuesday, the 29th day of this month. The attendance is expected to be very large, as, in conformity with a recent act of the Legislature, the society will organize itself into a State Board of Health, and at once enter upon the duties imposed by said act.

ROCKY MOUNTAIN MEDICAL ASSOCIATION.

This association will meet in Chicago, on Wednesday, June 6th, 1877. Dr. Toner, the President, will deliver the annual address.

JNO. MORRIS, M. D., Secretary.

INTERESTING reports of the proceedings of the Medical and Chirurgical Faculty of Maryland, and the Baltimore Clinical Society, at their recent meetings, together with valuable selections, have been laid over until our June number, in order to make room for the able papers presented in this.

SELECTIONS.

SOLUTION OF INDIA RUBBER IN LOCAL TREATMENT OF PSORIASIS.

Mr. Wyndam Cottle has found this material useful in chronic cases of psoriasis, where there is an excessive formation of dry scales, especially in the neighborhood of the joints, where the scales form crusts, are hard, and render the movement of the part painful. The crusts and scales being removed, and the absence of grease insured by wiping the parts with ether, and the skin dried, a solution of the India rubber is applied with a brush, and the application renewed as often as is needful to maintain a continuous covering over the affected skin.

He recommends a solution composed of India rubber half an ounce and chloroform eleven and a half ounces.—*Druggists' Circular.*

CHRYSOPHANIC ACID.

This new remedy, of great efficacy in ring-worm, will soon be familiar to our pharmacists. Mr. A. W. Postans, of London, who first prepared it, states that the easiest, simplest, and by far the best method of making it into an ointment is to dissolve the acid in hot fat. Two drachms will dissolve in one ounce of lard, but this is very concentrated. The hot ointment should then be transferred to a mortar, and rubbed down till cold.

If to each ounce of ointment so prepared two drops of otto of roses be added, a most beautiful preparation results, possessing in an eminent degree the active properties of the acid with the delicate and attractive odor of the rose.—*Ex.*

CURE OF PILES BY PUNCTURE WITH CAUTERY.

Dr. H. A. Rieves, in the *Lancet* of February 17th, describes a method by which, in eighteen cases he made a radical cure of piles, by puncture with the actual cautery.

Two or three punctures are made with the pointed cautery, and the bowels are kept quiet with morphine for a time. On the third or fourth day an enema is given, and at the end of the week the patient is discharged.

MARYLAND
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ORIGINAL PAPERS.

NOTES ON PNEUMONIA, WITH CASES.

BY S. C. CHEW, M. D., PROFESSOR OF THERAPEUTICS AND CLINICAL MEDICINE IN THE UNIVERSITY OF MARYLAND.

No subject in the whole range of Clinical Medicine is of greater interest than the study of Pneumonia, whether it be regarded from the point of view of medical history, or on the other hand as illustrating important pathological and therapeutic processes.

In the former aspect it has been the arena upon which various and opposing theories of the nature of inflammation and of the mode of treating it, have been contended for. Nor is it difficult to understand why this conflict has thus centred around pneumonia, when we consider the frequency and the gravity of the malady and the urgent need that has been felt, of relieving it as soon as possible. It is a disease constantly encountered, often great in extent, and involving a vital organ, so that whatever therapeutic observation has to suggest in the treatment of inflammation, here if anywhere the trial must be made. Regarded in another aspect pneumonia may be taken as a type of those diseases which tend to run a definite course marked in general by an open onset, a period of gradual development, a crisis and a decline. In its course may be seen as distinctly as in any other malady the working of that principle of the *vis medicatrix* which has been so much misunderstood and so much abused both by being unduly interfered with and unwarrantably trusted to. The failure to appreciate this principle has led in multitudes of cases to a perturbative treatment often worse than none at all; and on

the other hand a blind confidence in it has been the error of a school which, undervaluing medicine at first, has ended in utter skepticism as to its power and usefulness. And very facile is the descent to this state; disbelief being always so much easier than the mental effort involved in the faithful weighing of evidence.

This *vis medicatrix* may in fact be regarded as a continual tendency to return from the perverted nutrition of disease to the normal nutrition of health. Perhaps, though the point should not be pressed beyond the suggestion of an analogy, it may illustrate on a small scale, and within the narrow bounds of one organism, or still narrower, of a single organ, the principle which as seen working over a wider area is known as evolution. We may term it adaptation to environment when the healthy lung takes on an increased and vicarious action to supply what is wanting in the function of its fellow; or a struggle in which the fittest survives, when exudation matter is absorbed, and the proper structure of the lung remains and is restored to its integrity. The more perfect and highly organized tissue abides; the less perfect disappears.

There is this difference however between evolution as witnessed here and as seen in its wider sphere of action, that the processes observed in pneumonia are rapid in their course and are not accomplished by successive and minute changes. Indeed there is something almost mysterious in the suddenness with which a patient often passes from the urgent dyspnœa of early pneumonia to the comparative ease of a somewhat later stage; the physical cause of the dyspnœa, which is the congestion or exudation, being often even greater in amount at the time when less distress is experienced. And again the same sort of surprise cannot but be felt at the extreme rapidity with which the exudation will be removed, melting away as it were, and the lung clear up and resume its function after the crisis of the malady is passed.

Here as in every other case evolution becomes more intelligible if it be regarded as a modus operandi, a plan by which design works.

Explain it as we may, the principle of the *vis medicatrix* im-

plies a tendency, not in the disease, for disease is no substantive thing, but on the part of the organism, to revert to the normal standard of health. This tendency may be aided; obstructions to its play may be removed; and he is the wisest physician whose practice acts with it and upon it, and who abstains from such disturbing measures as are likely to impede it.

Now between these two aspects in which pneumonia may be regarded, the one as illustrating the variations of medical opinion, the other as exhibiting in a most striking manner the conservative working of nature, a very direct connection may be seen to exist.

For it is just because the disease tends to run a definite course that modes of treatment widely different in character alike issue in recovery. Whatever the system of treatment be, provided it is not such as to interfere too greatly with the successive order of events which constitutes the definite course, sooner or later, sometimes aided by the treatment and sometimes in spite of it, the disease may terminate in the regularity and harmony of health. But it would be a hasty and unfair conclusion to infer that because diverse methods are followed by recovery, therefore one plan of treatment is as useful or as useless as another.

Though cases differently treated may ultimately be restored to health, yet the results are not the same, if one patient under proper management makes a prompt and perfect recovery; and another, through careless and inefficient practice advances "with wandering steps and slow," and at last only through much tribulation enters upon convalescence.

What then are the measures which may fairly be regarded as giving aid to nature, or as directly curative in the treatment of pneumonia?

In the first place, attention to hygienic influences and to the proper physiological action of the various organs is of prime importance.

2nd. Only such food as is adapted to the enfeebled digestion of the patient should be allowed, and yet a sufficiency of this must be secured in view of the debilitating nature of the disease and the tax upon the patient's strength.

3rd. The depurative action of the skin and kidneys must be maintained, for the rapid retrograde metamorphosis of tissue loads the blood with abundant effete products which seek elimination by these channels.

4th. The depressing effect of pain is to be guarded against by the timely use of opium; which however must never be so used as to cause any degree of narcotism, and thus interfere with oxygenation of the blood, which is already impaired by the disease itself.

5th. The refreshment of sleep must be secured to the worn nervous system; and for this purpose the value of chloral-hydrate is often indisputable.

6th. Sedulous attention must be given to the heart: if its action be weak as shown by the pulse and by the lessened tonicity of the first sound, it must be fortified by alcohol or digitalis; if on the other hand the right chambers have in the early stage become distended from the rapid engorgement of the lung, it may even be advisable to diminish the strain mechanically by the abstraction of blood; a procedure which though not often required, does certainly in some cases give sensible relief. Every one knows how much this subject of bloodletting in pneumonia has been discussed; how in former days it was a frightfully abused measure; and how from time to time efforts have been made in late years to reinstate it. The success attending these efforts has been small, and justly so; for it is very seldom required; it probably never aborts a pneumonia, and when it does good, it is upon the simple mechanical principle referred to.

Such are some of the most important measures by which nature may be aided; and if the needs mentioned are met as they occur, the patient will recover more perfectly and more quickly than he would if left to her unaided power. In watching for such needs and applying the appropriate remedies, the highest therapeutic skill in large measure consists; that skill "which looks before and after;" which detects the first evidence of disturbance elsewhere than in the organ primarily affected; and is prepared to meet it. For in no case is the aphorism more true in a literal sense, that "if one member suffer, all the members suffer with it," than it is

in pneumonia. In this connection an earnest caution may be given in this day of undue tendency to specialism to those younger physicians who at the outset of their careers propose to confine their practice to diseases of the chest. No one can be competent to treat maladies of the central organs of circulation and respiration who has not trained himself for this special work through years of observation and study in general pathology and general therapeutics.

Morgagni found it a less difficult matter to cure diseases of the lungs than to ascertain their existence;* but since the discovery of auscultation the relative difficulty of these two tasks is changed, and through great skill in auscultatory diagnosis is not easily obtained, it is easier than the knowledge how best to treat what the ear discovers.

All these different measures may need to be practiced in managing pneumonia aright; and to do these things is to do much; but yet we may often do much more than merely meet emergencies as they arise, and thus guide the disease along its perilous way.

Of the strictly curative means to be used in pneumonia perhaps the most important is the proper administration of quinia. Clinical observations make it probably a very high degree that if in the very earliest formative period of the disease, a full dose of from 10 to 20 grains of sulphate of quinia be given by the mouth, or under certain circumstances an equivalent amount of hydrobromate by hypodermic injection; the pneumonia may be aborted at the outset.

For its good effects to be most obvious it must be given very early, when the crepitant râle denotes engorgement, and before exudation has occurred; or still better, if the case be seen early enough, when with the general symptoms of an impending pneumonia, the practised ear detects the harsh, puerile respiration which sometimes precedes fine crepitation, indicating, as held by Dr. Stokes, the very earliest stage of dryness and arterial injection.

We may not speak too positively of this strictly curative action

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* Quam difficile est morbos pulmonum curare; quanto difficilius eosdem cognoscere.

of quinia; but it is rendered antecedently probable by some of the remarkable properties of the drug. And first, its proven antipyretic action may be thus distinctly curative; for there is certainly a direct connection in some way between a rise of temperature and the extension of the disease; so that it is fairy supposable that an agent having the power to restrain the temperature may also check the extension; and this may be effected in the very incipiency of the attack. Again, the power which quinia has been shown to have of checking the amœboid movements of the white corpuscles and the proliferation of cells, would seem to explain further its beneficial action at the outset of pneumonia.

Prof. Bartholow in his excellent work on Therapeutics expresses a very dicided opinion on this point: "Administered at the critical moment" he says, "a commencing fibrinous pneumonia, a pleuritis, an endocarditis, may be suppressed by a full dose (fifteen to twenty grains) of quinia." But while thus receiving the sanction of recent authority based upon the furthest advances that have been made in our knowledge of this drug, its use in this way is by no means new; for it was employed long before any special observations upon its antipyretic action or its influence on the cellular elements had been made. No doubt, in many cases the beneficial effects of quinia have been referred to a malarial complication supposed to exist, when in reality its action has been of a wholly different character.

Briquet in his great work on the Therapeutic uses of Quinia published more than twenty years ago, expresses his own disbelief in its efficacy against any inflammatory affections except such as are complicated with malarial disease; and he specifically denies its possession of a property which recent observation has abundantly proved; "quand la raison de la fiévre" he remarks, "est une veritable phlegmasie, celle-ci (i. e. the quinia) ne peut plus ni ralentir le pouls, ni diminuer la force de ses pulsations, *ni faire baisser la temperature du corps.*" But in the same connection he states that the Italian physicians Rasori, Tommassini and their followers employed quinia in numerous cases of pneumonia and other inflammations as a remedy directed against the inflamma-

tory process. A similar practice, he admits, prevailed also among many French physicians who regarded the drug as a true antiphlogistic. The very extensive use of quinia in the Southern States of this country in the treatment of pneumonia complicated with malaria would be sure to lead to its employment in which no such complication existed; and so we find that many years ago the opinion began to gain ground that the quinia was beneficial in some other way than in virtue of its antiperiodic action. Prof. Wm. T. Howard, formerly of Warrenton, N. C. and now of this city, in one of a series of papers which constitute a most valuable treatise upon Malarial Pneumonia, published as far back as 1859, and 1860, thus writes; "In certain cases of pneumonia we have often given quinine with great benefit, when no reliable evidence of a malarial element could be detected, upon the most rigid analysis of all the vital phenomena presented. We cannot admit that in these instances, the periodic fever element must have tainted the system, merely because quinine was of unmistakable service. To assume the presence of this element, in the total absence of any other proof of its existence, is simply to beg the question."*

Any amount of evidence might be still further adduced in proof of the value which has been ascribed to quinia by the ablest physicians in the treatment of pneumonia; but it has been only within the last few years that a satisfactory explanation of its mode of action in this disease has been found in its power of checking abnormally high temperature, preventing the amœboid movement of corpuscles, and restraining the proliferation of the cell elements in the inflamed part.

Aconite is another agent which may be strictly curative of pneumonia if used at a sufficiently early stage. By lessening the febrile movement and retarding respiration it relieves the lung, and its power of diminishing the heart's force and lowering arterial tension would tend to check the spread of the inflammatory process and favour the action of the skin and kidneys, thus promoting the removal of the products of inflammation. Clinical

* North Carolinia Medical Journal, March 1860, page 253.

observations are numerous in confirmation of what might be expected of the drug on physiological grounds; and in doses of from one to three minims of Fleming's Tincture of the Root given every one, two or three hours according to the effect produced, it will be found to lessen dyspnœa and tensive pain, to diminish frequency of respiration and to prevent the extension of the disease.

The good that it does is often very obvious in cases to which it is suited; but it is a remedy to be used with great caution whenever an asthenic state is shown, for if the heart's tone be too much impaired, the loss of strength will interfere with the solution of the disease.

In estimating the value of any mode of treating pneumonia it must be admitted that in some cases conditions are involved which may prove fatal notwithstanding the most judicious management. Thus the very extent of the disease is a source of peril, if a large part of one lung become rapidly involved; and still more so if both lungs are affected. Or the intensity of the fever may be destructive of life, the excessive heat apparently paralyzing the heart. Or again, the occurence of pleuritic effusion on the opposite side may render respiration impossible. These and other conditions that might be named, may put the case beyond all treatment.

The following cases of pneumonia are selected from among eighteen treated during the last four months, and they are given here not from their conformity to the usual type, but on account of their somewhat exceptional character, and to show the behaviour of the disease under some complications that may occur in its course.

Case I. Mary B. 18 years of age, was seen first on January 10th, 1877, presenting the symptoms of hurried respiration, quick pulse, high temperature and pain in the left side, all pointing to some inflammatory thoracic disease; and the diagnosis of pneumonia was established by dulness on percussion and a diffused crepitant râle over the lower lobe of the left lung. It was ascertained that the patient was in the seventh or eighth month of pregnancy. Now pneumonia is not very common among pregnant women; but pregnancy very gravely complicates the disease.

Grisolle had seen only four cases in such subjects; he collected however the reports of eleven other cases, making with his own a series of fifteen; and of these fifteen cases eleven died, five after abortion or premature delivery, and six without abortion having taking place.

In the present case the temperature ranged at from 103° to 105°, so that the use of quinia, as an antipyretic was suggested; but there was an objection to employing it in this way under existing circumstances. It is maintained by some writers that it determines contractions of the uterus, and may thus bring on abortion. This action, it is true, has not been proved, and the very many cases in which it is given to pregnant women for malarial fever without such effect being produced, would seem to discredit the opinion. Yet the large doses of ten, fifteen or twenty grains in which it requires to be given as an antipyretic may possibly produce the effect even though the smaller doses ordinarily employed in intermittent fever might be safe; so that it is probably most prudent not to give it in large doses during pregnancy; and its use in this way was therefore withheld in this case. The patient progressed favorably and resolution of the pneumonia began with a decline of temperature. While this was going on however, she imprudently exposed herself by getting out of bed, had a chill, followed by a rise of temperature to 105°; and on examination the upper lobe of the same lung was found to be involved in pneumonia, which spread throughout its whole extent. The abortion which the patient had escaped in the earlier period, now took place; if indeed it is to be regarded as an escape, when according to Grisolle's statistics more deaths happen in such subjects when it does not occur than when it does. Abdominal pains began which were not controlled by opium, and resulted in the premature delivery of a seven months fœtus which breathed for twenty-four hours. In this relapse the patient was from the shock of the miscarriage more critically ill than she had been in the earlier part of the disease; the heart was much weakened and it was necessary to stimulate with brandy; quinine was also used as a tonic, and nourishing food administered. The newly affected lobe passed regularly through the various stages,

and the patient recovered perfectly. On describing this case to a medical friend of large professional experience, he told me of a similar one within his own knowledge in which general bleeding had been prescribed for the pneumonia and the patient had recovered without aborting; whence he seemed to infer that the present case might have gone safely to term, had bloodletting been practised. But this conclusion would not be borne out by the experience of Grisolle who with most of his contemporaries was a persistent and unfailing bleeder, so that whatever chance of life bleeding would afford to either mother or child, was given by his practice; and yet whether abortion occurred or not, the mortality which he reports in the pneumonia of pregnancy was very large.

The next case is one of pneumonia complicated with empyema, which had an unusual course.

Case II. Charles R. aged 29 years, entered the Hospital of the University of Maryland in my service December 29th, 1876. Auscultatory examination showed well-marked dulness over the lower lobe of the left lung with bronchial breathing, together with some degree of dulness and the crepitant râle over the upper lobe. Pneumonia had no doubt commenced at the base and had involved the entire lung. Quinine in doses of ten grains controlled the temperature which had reached 105°, and twenty grains of chloral-hydrate ensured rest at night. The case progressed favorably, and in two or three days resolution was denoted by the returning crepitation; but the percussion dulness instead of diminishing with the appearance of this sign, as it should have done in the regular course of the pneumonia, remained apparently stationary for a few days, and then perceptibly increased, until the whole surface posteriorly and anteriorly yielded an almost perfectly flat sound. All respiratory sounds on that side lessened and faded away, and vocal resonance and fremitus ceased. The signs of large fluid effusion had unmistakably taken the place of those of pneumonia. But the increase of this effusion had been so gradual that the breathing was but little embarrassed, and while thoracentesis was contemplated as likely

to become necessary, it was determined to await for a time the course of events.

Then an unusual and unexpected occurrence took place. On the 10th of January 1877, thirteen days after the patients admission, he suddenly, in an effort of coughing, expectorated more than a quart of pus, which continued to be discharged in variable amounts by day and night for more than two weeks until three gallons were evacuated. The source of the pus in the pleural cavity was obvious, for the dulness lessened and the line of its level fell gradually lower and lower, while respiratory murmur became audible at first in the upper part of the chest and afterwards when the purulent flow ceased, down to its very base.

It may be somewhat difficult to explain how the opening which had certainly been made through the lung into a bronchus, could give egress to so much fluid of such consistency as pus, and yet not give ingress to air. In some way or other, possibly by a valvular form, it was barred to the access of air, for there was no sign of pneumo-thorax, and the expectorated pus showed not the least fetor. Gradually it diminished in amount until about the middle of March all expectortion ceased; respiratory murmur could then be heard over the whole chest, and the only remaining sign of the previous condition was some degree of imperfect resonance on percussion, due no doubt to thick false membranes. About the first of April the patient left the Hospital declaring himself perfectly well.

Now what was the lesson taught by this case? Does it afford an instance of the superiority of natures methods to those of art, and show that it is better to leave such a case to her unaided resources? By no means; for the spontaneous evacuation of the empyema, if it occur at all, is apt to take place either through the external parietes at a point too high up to admit of free escape of the fluid, or more rarely, as in the present case, by an opening through the lung. In either way pneumo-thorax with a consequent offensive state of the fluid, is likely to occur; and a condition so full of hazard to the lung, if it could be anticipated, ought to be prevented by drawing off the fluid through the chest wall with the aspirator.

In the New York Medical Journal for September 1876, I have pointed out the conditions which demand this operation, and reported cases in which it was resorted to with the happiest effect. The most important of these conditions are, when an effusion reaching half way up one side of the chest persists for three or four weeks, or increases in amount; and secondly, when there is much embarrassment of respiration, especially when paroxysms of dyspnoea occur.

In reference to the former of these conditions in the present case, the earlier stage of the effusion was masked to some degree by the previous existence of pneumonia; and as to the second, the respiration was at no time so embarrassed as to cause any degree of dyspnoea. At the time when the operation was contemplated, the remarkable result occurred, from which the patient seems entirely to have recovered.

A CASE OF PROGRESSIVE BULBAR PARALYSIS.

BY S. W. SELDNER, M. D. PHYSICIAN TO HEBREW HOSPITAL, BALTIMORE.

C. R. aged 23, barber, was admitted into the Hebrew Hospital on the 12th of February, but did not come under my direct care until the 1st day of March, at which time I assumed charge of the institution. The following history was obtained from him: Patient has never had any bodily infirmities that confined him to his bed, prior to the present attack, has never had any rheumatic or gouty affections; nor has he had any venereal disease, save a gonorrhœa which readily yielded to treatment.

About fourteen (14) months ago he had an attack of Angina Tonsillaris for which he was treated. The first symptoms which attracted his attention to his present complaint occured about one year ago, at which time he was subject to severe pain in the head, occuring paroxysmally, and principally localized in the occipital region and extending from there down the spinal column to the junction formed by the cervical and dorsal vertebrae.

There was also more or less vertigo, and in addition to this the patient noticed after the lapse of a few weeks a peculiar weakness in articulating; certain letters and syllables were difficult to pronunciate and when pronounced were not always intelligible to those to whom his remarks were addressed, in fact, the condition known as "Alalie" was what we had in the particular case.

It was not long before symptoms of dysphagia developed themselves, and deglutition was so much interfered with that at times the food, especially the fluid portions, would cause him to eject a portion, or it would produce suffocative symptoms of an alarming character. This was more particularly present a day prior to his death. With all this difficulty there was a remarkably good appetite, and the patient never thought of returning any of the food that had been sent him, even if it did not tickle his palate.

His sense of taste was not wholly interfered with. If Quinine was placed upon his tongue, it required an interval of about five minutes to ascertain its presence through its bitter taste; there was a continual dribbling of saliva, and during sleep this symptom annoyed him very much.

The most distressing symptom (to him) was the gradually developing weakness in his upper extremities, and more particularly the right, which was very much wasted, so much so that when he apposed the thumb to the index finger, the prominence formed by the ball of the thumb was entirely wanting; the deltoids, biceps, triceps, and pectoral muscles were atrophied so that but a few fibres remained where once these muscles existed.

Tactile sensibility and electro muscular excitability were much diminished, in fact, his upper extremities were completely anaesthetic.

A pin or needle introduced to the depth of five or six lines was not perceived, and unless he saw his hands held he was not aware that any one was holding them. Under these circumstances it is evident that the patient was so helpless that he could not use his upper extremities, even for the purpose of supplying himself with food, and in this condition he was compelled to rely on the commiseration of his faithful nurse for sustenance.

There were no symptoms referable to the organs of vision or hearing, nor was there any circulatory disturbance.

His digestion was good, and his bowels were regular. His respiratory organs, which from the physical examination failed to reveal a diseased condition, caused him considerable suffering; he would suddenly have attacks, which to use his own words, seemed to him as "if he could never breath again," and these would occur diurnally and nocturnally.

An examination of his urine for albumen and sugar gave a negative result.

In this way he continued to grow (physically) gradually less, until the 29th day of March, when he suddenly expired, after previously having partaken of a hearty meal and some brandy which a fellow sufferer had contributed.

The parents of the young man would under no consideration consent to a post mortem examination, therefore we are compelled to rely on the ante mortem investigation as to the correctness of our diagnosis. (Prof. Arnold who saw the patient in consultation, agreed with me in the diagnosis.) There is no disease with which it might be confounded, yet the similarity of some of the symptoms to those produced by other lesions should make us careful in order to trace the trouble to its proper seat.

The tottering gait might cause one to confound it with progressive locomotor ataxy, yet the patient could retain the erect posture with his eyes firmly closed, and the lancinating pains through the knees so characteristic of this malady were altogether wanting.

From Sclerosis it is distinguished through the absence of nystagmus and tremors during intended movements. In fact when the medullæ spinalis is affected, as was the case with our patient, (judging from the atrophy of the muscles,) there is always, or generally, a condition of myelitis tending to Sclerosis.

In a given case it is difficult to say which is the original affection, and some writers content themselves by giving that priority which first manifested itself, thus if the gradual wasting of the muscles was the first appreciable symptom the patient observed, independent of the gradually developing difficulty in swallowing,

they call it Progressive muscular Atrophy, and vice versa. Practically speaking, it makes little difference, for the two diseases are so intimately associated, or rather blended, that their recognition as being one or the other is a matter of small importance.

Even their pathological conditions are so nearly analagous that it is difficult at times to draw these fine distinctions, and if we believe with some of the most recent writers on this particular subject, we can content ourselves that if Progressive Bulbar Paralysis is accompanied with the symptoms of Progressive muscular Atrophy we may rest assured that pathological changes have taken place of an atrophic degenerative character in the medullæ oblongata and medullæ spinalis.

The disease being always of central origin.

In reference to treatment (so far as our literature is concerned,) it leaves much to be wished for, and from the tendency of the malady but little can be done.

The preparations of Silver, Gold, Strychnia, Phosphorus, and Zinc have each had their admirers; Bromide of Potassium has been tried and abandoned; Electricity has been extensively used, and although it does not prevent the fatal issue, yet for a time during its use the symptoms either remain stationary or temporary improvement takes place.

When the case has advanced so far that the patient is unable to swallow, it becomes necessary for us to sustain life through the introduction of food by means of the oesophageal tube.

CORRESPONDENCE.

DRY GANGRENE.

RINGWOOD N. C., May 16th, 1877.

Editor Maryland Medical Journal:

Not long since I was requested to visit Gabriel Alston, a colored man living about five miles distant. I found Gabriel to be seventy-four years of age, and suffering from that rather peculiar disease, "Dry Gangrene" of the right foot and leg, without swelling, redness, or much pain; the toes and foot had become shrivelled and hard, of a deep black color, with considerable fœtor.

For five weeks this man, according to his own and wife's statement, had had no passage on his bowels and ate but very little. I advised amputation as it was insensible to pain and useless as wood hung to his leg. Gabe however was opposed to doctors, and would not consent for me to even prescribe for him, saying his "bowels would move on change of the moon," and if his foot must come off he would take it off himself. I accordingly left, and saw no more of Gabe until this week, when I met him coming to town, alone in an ox-cart; he had, unaided and with his knife, taken off his foot, and said he ate a large mess of poke salad which moved his bowels and he was now better, though the mortification is gradually extending to his knee. I expect Gabe will have another operation to perform soon. I think this rather a remarkable case, considering the age of the patient and the nature of the disease. I think when the leg must come off Gabe will find need of more scientific aid than he is master of, and should I know more of the case, will report how it terminates. I wish you much success in your laudable enterprise, and hope the "MARYLAND MEDICAL JOURNAL" will become indispensible to every physician.

G. E. MATTHEWS, M. D.

REPORTS OF SOCIETIES.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEVENTY-NINTH ANNUAL SESSION.

REPORTED FOR THE MARYLAND MEDICAL JOURNAL.

The Medical and Chirurgical Faculty of Maryland began its seventy-ninth annual session, at the Academy of Music, in this city, on Tuesday, the 10th of April, Dr. Christopher Johnston, President, in the chair. Prominent men in the profession, from all parts of the state, and from the cities of Philadelphia and Washington were present, while the city of Baltimore was represented in the persons of a majority of her best known physicians.

The President delivered his annual address in which he welcomed the members of the Faculty, and congratulated them on the prevailing unanimity for the elevation and advancement of the science of medicine. He directed attention to the great importance of action on four special points affecting the interest of the profession:

First, the sacredness of confidential communications before the courts—Facts gleaned by medical men, in cases under treatment, to enable them to intelligently prescribe, should be deemed sacred and held inviolate. Members of the medical profession, however, are guaranteed no protection in such cases in Maryland, and lay themselves liable to prosecution and fine for contempt of court, should they refuse to reveal matters imparted in the most confidential manner, and which should be regarded as of the most sacred character. In New York, Missouri, Michigan, Iowa and Wisconsin, the law does not compel a physician to reveal such secrets, and similar laws should be enacted in our own state. A physician, when called upon to testify, should claim his privilege that the information given him, was for his own understanding and treatment of the case, and that the court or society has no right to demand that he shall make public the knowledge thus obtained.

Second, the position of a medical expert when subpœnaed to appear in court and testify—The opinion of medical experts is sought in regard to the causes of death, nature of wounds and the condition of a man's

mind in regard to his sanity or insanity. These opinions are formed not so much on the physician's personal examinations, as on his judgment from the facts brought forward, which judgment is based upon knowledge gained by years of patient study. An expert should not be selected as a witness for this side or that, but as an arbitrator on the facts presented by both sides. Medical experts should not be compelled to give away knowledge which has cost them years of toil and research, and the hope is indulged that the time will come when they will not be witnesses for either the defense or prosecution, but, as in France, the advisers of the bench itself.

Third.—The necessity for a complete medical register for the city and state, giving the names of physicians, the colleges from which they graduated, their location, names of hospitals, asylums, dispensaries, schools of medicine and pharmacy, nurses, laws regulating sanitary questions, &c., as has been done in the state of New York.

Fourth.—The creation of a section of microscopy, which, in every field of study, is engaging the attention of learned men all over the world.

The address was received with marks of approbation, and was referred to a committee, with instructions to prepare a memorial and bill to the State Legislature on the first two questions involved.

A fraternal greeting was sent by telegraph to the Alabama State Medical Convention in session at Birmingham, Ala.

Dr. Judson Gilman, the treasurer, reported the assets of the Faculty to be $11,408 and the liabilities $84.70.

The Board of Examiners reported the names of twenty-one new members, who were elected.

The Memoir Committee reported the death of four members of the Faculty during the past year, to wit: Drs. R. S. Stewart, Perry S. Kinnemon, Lindley Ellicott and Louis B. Pierce. Appropriate resolutions, expressive of the loss to the profession sustained by the death of these gentlemen, were passed.

SECOND DAY.

Faculty convened pursuant to adjournment, Dr. C. Johnston presiding.

Dr. S. Weir Mitchell, of Philadelphia, delivered the annual oration, his subject being:

"SOME EXTREMES IN THERAPEUTICS."

Dr. Mitchell said:—In the selection of a subject, he was most

inclined to talk of therapeutics and of his therapeutical observations while journeying along his professional life, and especially concerning those extremes which are at times valuable, but very apt to the misused or abused. The action of many drugs has been submitted to divers explanations, which have their day, and then drop into limbo; yet, through all, he had observed that a drug, if useful, continued to be used. Medicine to-day consists of the practical clinical determination of the uses of therapeutical means in the presence of the disease, and of those difficult investigations which profess to explain, more or less clearly, the manner in which medical agents act. The latter mode of study has found few exponents in America. The clinical study has found many competent investigators. But they who dream that it is easy to excel in this study of the direct action of drugs to diseases, have only to turn over the pages of any journal, ten years old, to see how pitilessly the experience of one decennial has consigned to forgetfulness a host of drugs, or application of drugs, which the writer once believed were valuable. He had found in the history of therapeutics that the bite of the rattlesnake is deadly. Then he found reports of eighty cases of success in treatment. This brilliant result was attained by the use of thirty different remedies. He had then to conclude that anything would cure snake-bite, or else it was less fatal than had been believed. Few men are really competent to decide the true value of drugs.

He recalled the extremes of treatment in rheumatism. Once it was bled and blistered; now it is blistered again. Once it was treated with floods of alkalies; then opium was fashionable, and some one said it must have blankets and six weeks; and propylamin had its day; and once cold water applied to the joints would have been thought to be fatal, but he could assert that it was comfort, if not a cure. Dr. Mitchell concluded that there is no other way to true therapeutics except by experiments on patients, and there never will be any other until the labratory is able to teach us how and when to use drugs, and that is a far-away hope yet.

Utter disbelief in the value of therapeutic means prevailed in Germany. Continental physicians have taken a refuge in the credulity of people in the influence of mineral springs. In this country a like belief has been fostered by a variety of causes, and waters of the value of that of Gettysburg, and some as inert, have won a wide-spread celebrity. In most cases these springs are to be found in healthy mountain regions, and it is the change of air, of diet and of habits of

life, which deserve to be considered as curative, rather than the waters. So vast is the use of such total change that patients who go for treatment from the country to the cities, are often the better merely for the change, and too often the city physician, as he well knew, gets the credit for that relief which was in large part owing to the vast alterative of change of air and of all the ordinary habits of life.

Blood-letting was once as common as the giving of tonics is now, but what was then daily in practice is now looked upon as a therapeutic measure of heroic character, as a thing really dangerous. The subject of extremes in the use of rest and absolute diet is worthy of attention, but in this country we are far more concerned with the question of how to make people fat than how to make them lean. There are plenty of healthy people who are thin, but even for them there is a standard of fatness, and we feel anxious at once when any one is losing fat at all rapidly. Probably our whole active population loses weight in summer.

The doctor's qualities of diagnostician and therapeutist are those which concern most his own prosperity and the welfare of his patients; but unless the profession can also show its capacity for accurate scientific pursuits, for chemical, physiological and toxicological investigation, it will not hold, before the general public, the lofty place which belongs to it.

Dr. Mitchell's admirable address was received with every demonstration of approval and, will be published entire in the Faculty's proceedings.

Dr. A. B. Arnold, from the section on Psychology and Physiology, read a paper on "The Medico-legal, relations of certain forms of melancholia."

THIRD DAY.

Dr. L. McLane Tiffany, from the section on Surgery, read a paper on "Surgical Dressings," in which he maintained that water, fresh air, and cleanliness were the most important elements in the treatments of surgical wounds.

Dr. W. C. VanBibber, of the section of Materia Medica, offered a paper on "The Therapeutics of pressure, somatic support and modes of dress."

Dr. J. C. Thomas, of the section of Practice of Medicine, offered a paper on "The Germs of Disease."

Dr. Jno. S. Lynch, of same section, read a paper on "Veratrum Viride."

Dr. S. C. Chew, presented a case of "Empyema, with spontaneous evacuation," and illustrated it with a hospital patient.

Volunteer papers were read as follows: Dr. S. Theobald, "The use of large probes in Strictures of the Nasal Ducts;" Dr. B. B. Brown, "Diseases of the Bladder and Rectum, caused by displacements of the Uterus;" Dr. B. Titcomb, "Artificial eyes and lesions, caused by wearing the same;" Dr. Randolph Winslow, "Cases of incontinuance of Urine;" Dr. Jno. N. Monmonier, "Some cases in Surgical Practice."

New members were elected as follows: Drs. W. W. Antrim, Samuel Johnston, J. J. Chisolm, J. A. White, G. Liebman, B. Frank Grove, J. W. Dougherty, W. E. McDowell, Leonard and Gavin.

FOURTH DAY.

Resolutions offered by Dr. Chris. C. Cox, of Washington, were passed deploring the bodily affliction which prevented the attendance of Prof. N. R. Smith, and acknowledging the great and lasting indebtedness for his numerous and valuable contributions to the literature of his profession; his splendid achievements in practical surgery; his able, eloquent and long-continued teachings; his high-toned bearing and adherence to ethical principles, which have constituted him a model for imitation.

The President, vice-presidents and secretaries were appointed a committee, to memorialize Congress and to correspond with other medical societies to remove the import tax on quinine.

A resolution offered by Dr. Geo. H. Rohe for the appointment of a committee to memorialize the State Legislature in regard to the placing of public prostitution under sanitary control was laid on the table.

Drs. J. D. Iglehart and C. C. McDowell were elected members.

The election of officers resulted as follows: President, Prof. A. B. Arnold; vice-presidents, Drs. S. C. Chew, F. C. Chatard, Chas. H. Jones; recording secretary, Dr. Wilson G. Regester; assistant, Dr. G. Lane Taneyhill; corresponding secretary, Dr. W. F. A. Kemp; treasurer, Dr. Judson Gilman; executive committee, Drs. P. C. Williams, Christopher Johnston, James Carey Thomas, Henry M. Wilson, John F. Monmonier; examiners for the Western Shore, Drs. N. R. Smith, A. Hartman, A. Friedenwald, F. Donaldson, T. S. Latimer, J. S. Lynch, Thos. B. Evans; Eastern Shore, Drs. W. G. G. Wilson, E. M. Hardcastle, A. M. White, A. H. Bayley, James B. R. Purnell.

Medico-legal committee, Drs. S. C. Chew, A. B. Arnold, John

Morris, A. H. Jones, G. Lane Taneyhill; medical register, Drs. Judson Gilman, W. G. Regester, D. W. Cath-ell; library committee, Drs. G. L. Taneyhill, W. G. Regester, J. Shelton Hill, George A. Hartman, G. Glanville Rusk; publication committee, Drs. Judson Gilman, D. W. Cath-ell, A. B. Arnold, W. G. Harrison, W. G. Regester; memoir committee, Drs. D. I. McKew, Richard McSherry, James I. Cockrill, Samuel Theobald, G. Ellis Porter; honor committee, Drs. E. Lloyd Howard, H. M. Wilson, Charles Jones, Thomas S. Latimer, John Morris; surgery, Drs. N. R. Smith, A. P. Smith, T. R. Brown, G. Ellis Porter, A. Friedenwald; practice of medicine, John S. Lynch, A. B. Arnold, T. S. Latimer, J. Wm. Correll, Caleb Winslow; obsterics, &c., Drs. P. C. Williams, Thomas B. Crans, Jos. E. Gibbons, William Lee, James E. Clagett; materia medica, &c., I. E. Atkinson, A. Hartman, D. I. McKew, Thomas Opie, Riggin Buckler; meteorology, &c., Drs. J. C. Thomas, C. H. Ohr, John Morris, H. M. Wilson, J. G. Linthicum; anatomy, &c., C. F. Bevan, G. B. Reynolds, W. P. Morgan, J. T. Wilhelm, Thomas W. Simmons; psychology, &c., F. T. Miles, F. Donaldson, G. H. Boylan, John Van Bibber, J. Davis Thompson; delegates to American Medical Association, Drs. C. H. Ohr, J. T. Wilhelm, G. W. Wayson, H. M. Wilson, W. C. Van Bibber, Jas. C. Thomas, L. McL. Tiffany, J. Robert Ward, L. H. Steiner, Samuel P. Smith, Thomas W. Simmons, Jas. A. Stewart, James S. Stevenson, G. Ellis Porter, John F. Powell, John H. Patterson, John Neff, J. F. Monmonier, John Morris, S. C. Chew, J. S. Conrad, J. J. Cockrill, G. W. Benson, I. E. Atkinson, A. B. Arnold, Thomas S. Latimer, Charles H. Jones, J. W. Houck, E. Lloyd Howard, Judson Gilman, A. Friedenwald, W. H. Diffenderfer; delegates to North Carolina Society, Drs. H. E. T. Manning, W. T. Howard; Virginia Medical Society, Drs. T. S. Latimer, P. C. Williams; Pennsylvania Medical Society, Drs. J. C. Thomas, Thomas F. Murdoch; New York Medical Society, Drs. W. G. Regester, C. F. Bevan; Ohio Medical Society, Drs. John Morris, R. Winslow. Adjourned.

PROCEEDINGS OF THE BALTIMORE CLINICAL SOCIETY.

REPORTED BY ROBT. B. MORISON, M. D.

Regular meetings of the Baltimore Clinical Society took place in March, with the president Dr. Thomas in the chair. Various papers of interest were read and specimens exhibited.

Dr. Hill reported two cases of strangulated oblique inquinal hernia in which an operation was performed by making an incision. Both cases healed by first intention. No 1 sat up in two days, put on truss in six, and was at work in ten. No. 11, put on truss in eight days and was able to go about with comfort.

Dr. Atkinson related a case of pneumonia, in a drinking man who became delerius and had symptoms of delerium tremens. As the pulse was very good stimulants were uncalled for, but it was a question whether they should be discontinued for fear of a return of delerium.

The method of continuing or discontinuing stimulants under such circumstances was discussed at some length, Dr. A. desiring to obtain the opinion of the society upon the subject.

Dr. Tiffany exhibited a most interesting specimen of cystic calculi removed from the bladder of a woman 55 years old. Lithotropsy was performed. Finding it exceedingly difficult to crush two pieces after continued trial they were removed through the urethra by distending it upon close examination the pieces were discovered to be two well formed adult molar teeth. They had formed the unclei of the calculi, but in what manner they had formed their way into the bladder, Dr. T. was unable to find out, he hardly giving credence to the story which mother and daughter told of accidental swallowing.

Dr. Coskery exhibited the uterus vagina and vulva of a fox which had been run to death by dogs, the animal being found in a field in a dying condition. The uterus was gravid, containing five cubs nearly at term. The interest in the specimen lay in the shape of the uterus, the arrangement of the placeuta with the materual views and a peculiar dark greenish fluid which was difficult to account for.

Papers were read by Dr. B. B. Brown on subinvolution of the Uterus and by Dr. Chatard on Uterine Hydatids.

BALTIMORE MEDICAL SOCIETY.

March 14. The Society was called to order by Dr. Judson Gilman, President. Under the reports of cases Dr. Kemp related a case of Dropsy of the Umbilical Cord, which measured three and a half inches in circumference and sixteen inches in length. The child was feeble and small, but was still living.

Dr. Kemp reported another case which occurred in his father's practice in 1859. In this case the cord measured 33 inches in length, 23 inches next to the placenta being normal in size, the remaining 10 inches measuring 6 inches in circumference, with a constriction in the centre measuring 4½ inches.

Dr. J. R. Uhler opened the discussion of the subject *Medical Microscopy*. He introduced the subject by asking the question, "Does it pay the general practitioner to devote his time to microscopy?" which he answered affirmatively. Dr. Uhler stated that there were three requisites to the successful study of microscopy—time, money and ability, to which he added the most important elements, application and enthusiasm for the subject. The constant use of the eye in microscopy rendered good, strong eye sight a necessity.

The question was often asked, "What instrument should be selected for microscopical study?" There was much difference of opinion, each worker claiming special preference for one instrument over another. As a rule, the more simple the instrument, the more efficient and useful it is in the hands of the student. Dr. Uhler recommends McAllister's Professional Microscope, as it combines more good qualities than any in use. As McAllister's instrument is large, Dr. Uhler, had it shortened in length and so modified as to make it convenient and handy for general use. As modified it weighs only three pounds and could be readily carried from place to place without inconvenience. The selection of a lens is most important. "Get none but the very best." Dr. Uhler prefers those of American manufacture.

The question is asked, "What is required of a Physician to be a good worker with the microscope?" He must have a mechanical turn of mind, and possess some knowledge of Physics.

"Where is the microscope of use in the practice of medicine?" In the examination of blood, urine, pus, and various secretions, in the

determination of the nature of tumors and other morbid growths. In Bright's disease the microscope is the only reliable diagnostic test. In Phthisis Dr. Uhler thought the microscope had not received sufficient credit. He related a case in which he was enabled to make a diagnosis from an examination of the sputa before the physical signs indicated any appreciable trouble.

Prof. Christopher Johnston remarked that he had listened with great pleasure to the paper read by Dr. Uhler, and agreed with him in many points. He is of the opinion that, whilst strong eye sight is required, still it was not so much the eye which saw as the intelligence which guided it. He urges the necessity for the use of the best glasses, as false pictures are often presented by poor glasses, which misrepresent the image to the student.

In answer to the question, "Does microscopy pay?" Prof. Johnston cited the benevolence and faithful services of distinguished workers in science, abroad and in America, and of the good returns to these gentlemen from their labors. He referred to Lister, as the great benefactor of mankind, and of the high esteem in which he was held for his splendid service with the microscope.

Prof. Johnston claims that the microscope is of service to the general practitioner as a means of diagnosis in many obscure troubles, and as "the diagnosis is half the cure," it is eminently satisfactory to the physician when he is enabled to ascertain for himself the nature of the disease with which he is contending. In forensic medicine before courts of law, valuable truths are only to be secured through the uses of the microscope.

Prof. Johnston holds that time can always be found for microscopic work. "The man makes the occasion." "The man in earnest will secure his instrument and will work in spite of opposing difficulties." He considers objectives of more importance than the stand and recommend those manufactured by Toles in this country, or Powell and Leland in London. Beale is a striking illustration of what the man may do with the microscope, and of what the microscope can do for the man.

THE BALTIMORE ACADEMY OF MEDICINE.

May 15th.—The Academy was called to order by the president, Dr. Richard McSherry. In the narration of cases Dr. Chisolm described a case of ovariotomy which he was invited to see through the kindness of Dr. Knight, the operator. Many physicians had from time to time examined the case, but the diagnosis was left somewhat in doubt. Fluctuation was palpable and yet two tappings, one with a large trocar, and the second with an aspirator, gave exit to no fluid. Under chloroform the usual incision was made, the cyst exposed and punctured, with no discharge. The opening in the cyst wall was then enlarged to five inches, the extent of the opening in the abdominal wall, and although a gelatinoid mass filled up the gap, still nothing escaped, notwithstanding the fact that the hands of two strong assistants made powerful pressure upon the abdominal tumor. With all of these accessories the surgeon was compelled to hust his hand into the sac and pull out the tenacious contents which was pulled out rope like from the abdominal cavity. Many cysts were emptied in this way, their contents differing somewhat in color from white to brown, but not in consistency, all being excessively viscid. The cyst wall was found to have but few adhesions and was connected with the right ovary. The gelatinous mass collected in a tub, weighed 52 pounds; a few pounds were wasted in the extraction. At the expiration of a week the patient was reported as doing well, having had no bad symptom since the operation.

Dr. Jas. A. Stewart stated that twenty years ago he was present at a post-mortem examinition of a woman who died from ovarian tumor and that the contents of the sac resembled the one related by Dr. Chisolm. In this case the diagnosis was not made. The tumor weighed only 30 pounds.

Dr. S. C. Chew reported a case of a child two years of age, on which he had performed paracentesis thoracis four times, withdrawing in all 99 ounces of pus.

The largest quantity at any one time was 33 ounces. The child was greatly relieved after each operation. He had not introduced a drainage tube, as he believed ultimate recovery might follow without

its introduction. In a case which he had attended with Drs. Donaldson and Howard, paracentesis had been employed six times, resulting in entire cure of the child.

The case Dr. Chew thought of interest from the extreme youth of the patient and from the fact that the physical signs in the early stage resembled those of pneumonia so closely as to render the diagnosis somewhat doubtful. Tubal breathing was more perfectly marked than he had ever observed it. The difference in measurement of the two sides of the thorax was three-fourths of an inch.

Dr. McKew related a case similar to that of Dr. Chew in which the escape of pus was made by use of a lancet. The pus ran out in large quantities, and the child recovered.

Dr. McSherry referred to a case which he had seen reported, in which 101 ounces were withdrawn in four operations on a child 3 years of age. This case recovered without the use of injections or of drainage tubes.

Dr. Chisolm reported a case of Staphyloma sequel of perforating corneal ulcer from gonorrhœal opthalmia, in a boy of 8 years of age. The protruding swelling involved the lower and inner half of the cornea. The lad was brought from a distance to Baltimore, to have the condemned eye removed. As the enucleation of an eye-ball in children should only be performed as a *dernier ressort* Dr. Chisolm essayed the tentative operation of removing all the iris not involved in the Staphyloma, an operation known as irideremia. The day after the operation the secretion of aqueous had puffed out the tumor to its full size. From this time however, shrinkage began and at the end of ten days the whole swelling had subsided to the level of the normal cornea, and the irritation which had existed in the sound eye for seven months had altogether disappeared. Dr. Chisolm reported the eye saved by this new operation.

Dr. Chisolm also reported the removal of an eye under chloroform in a young lady, of very feeble health and with extensive organic disease of the heart, who had been frightened by her physicians into the belief that she could only take chloroform at the sacrifice of her life. Dr. Chisolm stated that in the daily use of chloroform, now extended through 27 years of professional life, he had administered it to the extremes of age, to the strong and to the feeble, with every kind of organic disease of the various organs of the body, and had never seen an accident, therefore saw no occasion for setting aside the best of anæsthetics for ether, which was equally nauseating, more

distressing to take, and, now that it was beginning to be used more freely, found equally dangerous. The remarks of Dr. Chisolm drew forth an animated discussion on the comparative dangers of chloroform and ether inhalations in which Drs. Johnston, Chew, Miles, Williams, Arnold, Morris, Donaldson, Erich, and others participated.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

TWENTY-FOURTH ANNUAL MEETING.

FIRST DAY.—MORNING SESSION.

SALEM, N. C., May 22nd, 1877.

The Twenty-fourth Annual Session of the Medical Society of the State of North Carolina, convened in the Music Hall in the town of Salem, May 22nd, 1877, at 10 o'clock A. M., Dr. Geo. A. Foote, President of the Society, in the chair.

The society was called to order by the President, and prayer was offered by Bishop E. DeSchweinitz.

An address of welcome, on behalf of the citizens of the town, was delivered by Col. R. L. Patterson and responded to by the President.

In the absence of the secretary, Dr. James McKee, Dr. L. J. Picot was appointed secretary *pro tem.*

The roll was called, and twenty-three (23) members found present.

The following committees were announced by the chair:

On Credentials.—Drs. J. F. Shaffner, Hugh Kelly, G. G. Smith, E. S. Foster, and T. D. Haigh.

On Finance.—Drs. H. T. Bahnson, C. J. O'Hagan and Eugene Grissom.

Dr. Satchwell moved that reading of papers be proceeded with. On motion postponed.

The question of the eligibility of candidates, who graduated before the passage of the bill authorizing the State Society and who had ceased to practice and then resumed, was discussed by Drs. Satchwell, Payne, and O'Hagan, and it was, on motion, decided that such could be admitted to membership without an examination.

The Chair then announced that papers were in order.

Dr. A. G. Carr reported a case of Trachetomy on a child fourteen-and-a-half months old, and exhibited a grain of corn taken from the trachea.—Recovery. On motion Dr. R. L. Payne, the paper was referred to the Committee on Publication,

Dr. Chas. J. O'Hagan reported, verbally, two cases of a like character. The first having a grain cf corn lodged in the larynx, causing immediate death; and the second in which a water-melon seed taken into the trachea was ejected. He advocated an operation in such cases after other means had failed.

A communication was read from Dr. H. E. T. Manning, of the *Maryland Medical Journal*, offering its columns for the use of the society or any member thereof. On motion Dr. O'Hagan, the thanks of the society were tendered therefor.

Dr. J. K. Hall reported, verbally, a case of Encysted Tumor of the Liver, in which the aspirator was used and a half gallon of albuminous fluid taken therefrom. The tumor subsequently emptied into peritoneal cavity. Patient now improving.

Dr. O'Hagan said the case was an uncommon one, and recovery rare.

Dr. Satchwell moved that Dr. Manning, the first delagate from the Medical and Chirurgical Faculty of Maryland, be invited to a seat in the society and a participation in its proceedings, and introduced Dr. Manning, who responded in a few words of thanks to the society for the courtesy.

The subject of a State Board of Health, in accordance with recent act of the Legislature, was brought up and Dr. O'Hagan made a few well-chosen remarks pertinent to the subject in which he suggested that a part of the duty of the Board shall be to collect and disseminate reports and statistics on the subject of state medicine and preventible diseases for the information of the people.

Dr. Satchwell asked that a committee be appointed, and an hour set apart, to report on the subject. On motion of Dr. Bahnson the hour of 9-45 tomorrow was named and that the hour of 10-45 be set apart for the reading of a paper on gynæcology by Dr. Jas. Graham.

Letters were read from Drs. C. T. Murphy and W. A. B. Norcom, expressing regret at their necessary absence from the meeting.

Letter from Dr. N. J. Pittman was read asking some action on the matter of memorializing Congress for a free tariff on quinine.

On motion of Dr. O'Hagan a committee of five was appointed to report on time and place of next meeting and, if necessary, on future

meetings. The following gentlemen were named as said committee: Drs. C. J. O'Hagan, S. S. Satchwell, R. L. Payne, T. F. Wood and W. H. Whitehead.

Dr. J. F. Shaffner, from committee on credentials, submitted partial report recommending Drs. Jas. Hollingsworth, and R. W. Glenn for membership and reported Dr. H. E. T. Manning a duly accredited delegate from the Medical and Chirurgical Faculty of Maryland.

Dr. O'Hagan offered the following resolution: *Resolved.*—That in the opinion of this society the import tax on quinine is unjust and cruel to the needy poor, to whom it is a necessary of life, and that our senators and representatives in congress are hereby requested to use every effort to have the duty removed.

On motion of Dr. Satchwell the following committee was appointed to act in accordance with the above resolution: Drs. Satchwell, Duffy, Graham, Picot, and Hill. On motion society adjourned to 2½ P. M.

AFTERNOON SESSION.

Society convened, pursuant to adjournment, the President in the chair.

Dr. Hugh Kelly made some interesting remarks on the diseases incident to his locality, and mentioned some interesting cases of intermittent and other fevers and pneumonia. He said that bleeding had been resorted to in pneumonia more frequently than heretofore.

Communication read from secretary Arkansas Medical Society, asking action of this society in regard to the recognition, by the American Medical Association, of so-called bolters from that society. On motion it was laid on the table.

Dr. Eugene Grissom read an interesting paper on Epilepsy, under the following heads: General Considerations.—Forms of the Disease —Larvated Epilepsy.—Illustrative Cases.—Theories of its Causation. —Remedial Agencies.—Medical Jnrisprudence.

On motion of Dr. H. T. Bahnson, the paper was referred to the committee on publication.

On motion Dr. T. D. Haigh, the name of Dr. J. K. McRae, was restored to the list of members of the society.

On motion of Dr. Bahnson the thanks of the society were tendered Dr. J. K. McRae for a handsomely bound copy of the proceedings of the society, from 1849 to 1876 inclusive.

Committee on Credentials reported Dr. Beverly Jones and recommended his admission to membership.

Adjourned to 8 o'clock, P. M.

NIGHT SESSION.

Society called to order by the President, at 8 o'clock, pursuant to adjournment.

The President read a communication from Dr. Manning, offering to furnish each member of the society a copy of the June number of the *Maryland Medical Journal*, containing a synopsis of the proceedings of this meeting, The thanks of the society were, on motion tendered to the editors of said journal.

Dr. H. O. Hyatt reported two cases of excentric epilepsy, one caused by gun-shot wounds, the other by adherent prepuce. Bromides were used in first case with very little good effect; in the second case, the prepuce was split up and the fits did not recur.

The use of bromides was discussed at length by Drs. Hyatt, Duffy, and others.

Dr. Faison reported a case of epilepsy, with partial paralysis, treated with bromide and ergot,

Dr. W. W. Lane made a report of an amputation of the leg, treated with Lister's antiseptic dressing, with good result.

Lister's dressing for wounds discussed by Drs. O'Hagan, Sharp, Duffy and Wood.

Dr. Lane read a report of a case of Extrophy of the Bladder.

On motion Dr. Bahnson, both papers were referred to committee on publication.

A letter from Dr. James McKee, secretary of the society, tendering his resignation, was read and, on motion Dr. Bahnson, was accepted, and the thanks of the society were tendered for his past efficient services.

On motion of Dr. Grisson, Dr. L. B. Edwards, delegate from the Virginia Medical Society, was invited to a seat in the society—Responded to by Dr. Edwards thanking the society for the courtesy.

The following committee on nominations was appointed: Drs. S. S. Satchwell, Jos. Graham, H. O. Hyatt, D. N. Patterson and J. M. Towles. Dr. Kelly, chairman committee on credentials, recommended Dr. Adam E. Wright for membership and reported Dr. L. B. Edwards a duly accredited delegate from Virginia Medical Society.

Adjourned, on motion, to to-morrow morning half-past 8 o'clock.

SECOND DAY.—MORNING SESSION.

Society called to order by the President at 8½ o'clock.

Roll called and fifty members found present.

A note was read from Dr. P. E. Hines, of Raleigh, asking to be excused from attendance on account of sickness in his family.

Report of the Committee on State Board of Health, reported through its Chairman, Dr. S. S. Satchwell, who read a paper full of useful advice, admonitions and earnest appeals for the advancement of health in the State.

It was moved and carried that Dr. Satchwell be relieved from dues to the society for life, and Dr. Geo. A. Foote for two years, as a slight testimonial of regard of the Association for their earnest endeavors towards the passage of the bill constituting the Association a "State Board of Health." After much discussion a Committee was appointed to draft a plan for the government and complete organization of the State Board. The following Committee was appointed: Drs. Payne, O'Hagan, Hyatt, Satchwell, Kirby and Alston.

Committee reported as follows: Recommends the appointment of a sub-committee, as follows:

Dr. Satchwell, Chairman; Dr. Wood, Secretary: Drs. Graham, Duffy, Hines and Foote.

Dr. Graham read a paper, explaining his treatment of diseases of women, which was referred to Publication Committee.

Dr. Grissom announced the death of Dr. W. G. Hill, of Raleigh; and Dr. O'Hagan, the death of Dr. Thomas Duffy, of Rutherford. Committee was appointed to draw up resolutions, as follows: Drs. Grissom, Johnson, O'Hagan and Faison.

Committee on Medical Colleges in North Carolina reported through Dr. Holmes. Report adopted, and ordered that the Legislature be petitioned to rescind the charter of Edinboro' Medical College in Robeson County.

Drs. Edwards of Virginia, and Manning, of Baltimore, being called upon, responded in short congratulatory addresses, expressing good wishes for the North Carolina Medical Association.

Dr. T. F. Wood, of Wilmington, read a highly interesting paper on Vaccine Syphilitic Innoculations, exhibiting finely executed plates of syphilitic eruptions caused by vaccinnation with impure virus.

Adjourned to 3 o'clock, P. M.

AFTERNOON SESSION.

Dr. J. K. Hall, Vice-President, called Society to order; Dr. L. J. Picot, Secretary.

The report of the Committee on Finance showed the indebtedness of the Society to be $241, with assets of $200. All deficiencies it was thought would be fully met by the close of the session. Dr. Hall moved to rescind Art. 8, Sec. 3, of the Constitution, and that all delinquencies for dues, be remitted. Lost.

Committee on Credentials reported 14 names for membership. Report adopted and the names enrolled.

Committee on Time and Place of Meeting next year reported as follows:

Goldsboro' is recommended as the place, and the 2nd Tuesday of May 1878.

Concord, Greensboro' and Raleigh were proposed but the report of the committee was finally adopted in regard to the above. A reconsideration was moved, but failed to pass.

Committee for Selection of Subject for Discussion at next meeting was appointed as follows: Drs. Alston, Hicks and Graham.

Committee on Medical Irregularities: Drs. Duffy, Lewis, Holmes, E. Burke Haywood, Hines and McKee.

The appointment of delegates to the Maryland Medical Society, and Virginia Medical Society was referred to Committee on Nominations.

Report of Obituary Committee postponed until evening.

Dr. C. Duffy, of Newberne, exhibited specimens of emboli of the cerebellar arteries, making some pertinent remarks thereon.

Adjourned to 8 o'clock P. M.

NIGHT SESSION.

Society was called to order by the President, and Dr. C. J. O'Hagan introduced the orator, Dr. J. F. Shaffner, who delivered an address on the "Origin and Development of the Science of Medicine." The subject was treated in a highly interesting manner, and it was received with appreciative applause. [The address, together with the other admirable papers read by different members of the society, will be published in full in the transactions of the society, and we will not do the gentlemen the injustice to attempt a synopsis of them.]

After Dr. Shaffner's address and a few minutes recess in the Public Square, at the Promenade Concert, Dr. Foote again called the Society to order at 9 o'clock.

On motion of Dr. Kelly, Dr. W. P. Mallett was admitted to membership.

Obituary Committee reported through its Chairman, Dr. Grissom.

The reports were referred to Committee on Publication, and copies sent to the families of the deceased.

In this connection, Dr. Grissom read a memoir of Dr. Hill, prepared by Dr. R. B. Haywood, of Raleigh. The thanks of the Society were tendered to the author.

Dr. Shaffner's address was referred to Committee on Publication.

Dr. Alston, Chairman of Committee on Subject for Discussion, reported as follows: Diptheria, and its Treatment. Dr. Charles Duffy, Jr., of Newberne, was appointed Essayist by the President.

The following gentlemen were appointed a Committee on Nominations: Drs. Satchwell, Graham, Hyatt, Patterson and Towles.

Dr. Kelly reported the name of Dr. Adam E. Wright for membership.

Moved that the salary of the Secretary, which was $100, be taken away entirely, and that he be hereafter entitled to mileage and non payment of dues, so long as secretary. Carried.

Adjourned to 9 o'clock, A. M., Thursday.

THIRD DAY.—MORNING SESSION.

Society called to order, Dr. Foote, the President, in the chair.

On motion 11 o'clock, A. M. was set apart for the address of the President.

Dr. L. G. Hunt was recommended for membership.

Dr. Hyatt, from Committee on Nominations, submitted the following: For president, Dr. R. L. Payne, of Lexington; first vice-president, Dr. F. M. Rountree, of Snow Hill; second, Dr. R. Anderson, of Albemarle; third, Dr. S. P. Flowers, of Mount Olive; fourth, Dr. L. A. Stith, of Wilson; Treasurer, Dr. A. G. Carr, of Durham; Corresponding and Recording Secretary, Dr. L. J. Picot, of Murfreesboro'; Orator, Dr. W. T. Ennett, of Pender County.

Delegates to American Medical Association: Drs. Kelly, Whitehead, Kirby, Norcom, Haywood, Duffy, Walker, Jones, Smith, and Wood.

Publishing Committee: Drs. Shaffner, Bahnson, Roan, Summerell, Hall and Picot.

Delegates to Medical Society of Virginia: Drs. McKee, Lucas, Hicks, O'Hagan and McDonald.

Delegates to Medical Society of Maryland: Drs. Knight, Hicks, Graham, Moore and Hall.

Delegates to Medical Society of South Carolina: Drs. Bellamy, Lane, Holmes, Gibbon, and Lewis.

The report of the committee was unanimously adopted.

A discussion on the the diseases of women took place which was participated in by Drs. O'Hagan, Summerell, Duffy, and Hyatt.

The hour having arrived for the president's address, Dr. Foote proceeded to deliver his address on "Hypodermic Medicine", in which he advocated the use of medicine hypodermically and set forth his views, sustained by experienee, in a manner at once ingenious and attractive. A vote of thanks was tendered the President and his address referred to the Committee of Publication.

Dr. H. M. Alford, of Greensboro, was recommended for membership

Drs. O'Hagan, Hyatt, Duffy and others discussed the subject of lacerations of the cervix uteri, detailing their experience and treatment in such cases at length.

Drs. O'Hagan and Haigh were appointed to conduct the newly elected President to the chair. On assuming the chair Dr. Payne thanked the society for the honor conferred, and promised his best efforts to further the interests of the society.

Dr. H. T. Bahnson read a paper on Puerperal Convulsions, which was highly lauded. Drs. Haigh, Luckey, Duffy, Summerell and others made interesting and instructive remarks on the subject.

On motion a vote of thanks was tendered the citizens of Salem and Winston for their courteous hospitality to the society and to Messrs. Crist, of the *Salem Press*, and Mathes, of the *Winston Sentinel*, for correct and interesting reports of the proceedings of the society.

On motion society adjourned.

L. J. PICOT, M. D.
Secretary Pro tem.

GEO. A. FOOTE, M. D.
President.

Thus ended one of the most pleasant and profitable meetings of the North Carolina Medical Society, which has known twenty-four years of prosperity and usefulness.—*Editors Maryland Medical Journal.*

SELECTIONS.

AN ACT TO ESTABLISH BOARDS OF HEALTH IN THE STATE OF NORTH CAROLINA.

The General Assembly of North Carolina do enact:

Section 1. That the State Medical Society of North Carolina, organized in 1849, and subsequently reorganized by the Legislature of the State, by an act establishing the State Board of Medical Examiners, is hereby constituted the Board of Health of the State of North Carolina.

Sec. 2. That the Board of Health of the State of North Carolina shall take cognizance of the interest of health and life among the citizens of the State. They shall make sanitary investigations and inquiries in respect to the people, the causes of diseases, especially of epidemics, and the sources of mortality, and the effects of locations, employments, conditions and circumstances on the public health, and they shall gather such information in respect to those matters as they may think proper for diffusion among the people. They shall be considered the medical advisors of the State, and shall advise the government in regard to the location and sanitary management of any public institution, and shall call its attention to such sanitary matters as in their judgment affects the industry, prosperity, happiness, health and lives of the citizens of the State. They shall make to each regular session of the General Assembly, through the Governor, and in the month of —— of such session, a report of their doings, investigations and discoveries, accompanied with such suggestions in regard to legislative action as they may deem just and necessary.

Sec. 3. That the report thus made of the Board of Health of the State shall be published as are other regular reports, through the Governor to the General Assembly, for distribution among the members of the General Assembly and for the use of the

members of the Board of Health of the State, and such additional number as may be deemed advisable for circulation among the people of the State, and for the purpose of exchanging for the reports of similar associations in other States.

Sec. 4. That for the purpose of defraying the necessary expenses of the Board of Health of the State in the discharge of their official duties there shall be paid annually out of the Treasury of the State to the Treasurer of the said Board of Health of the State, upon the requisition of the President and Secretary thereof, the sum of one hundred dollars.

Sec. 5. That county Medical Societies in affiliation with the Medical Society of the State of North Carolina, and organized in accordance with the constitution of the said State Medical Association are hereby constituted Boards of Health for their respective counties, and shall be under the general direction of the Board of Health of the State of North Carolina created by the first section of this act.

Sec. 6. That the competent legal authorities of any county in this State or any incorporated town or city shall, whenever in their judgment it becomes expedient to do so, invest the Board of Health, thus created, of any county with such execution, duties and powers for the public health, and under such rules and stipulatious as shall be agreed upon between the two parties ; and that all questions relating to salaries and expenditures shall be reserved to the legal authorities of the county, city or town, as the case may be.

Sec. 7. That no board of health or advisory or executive medical body for the exercise of public health functions shall be established by authority of law in any county, town or city of this State, except such as are contemplated by the provisions of this act. The object of the prohibition being to secure a uniform system of sanitary supervision throughout the State. But nothing in this article shall be so construed as to prevent the State Board of Health, established in accordance with the provisions of this act, from accepting and executing any special powers that may be granted them by the General Assembly of the State.

Sec. 8. This act shall be in force from and after its ratification.

In General Assembly read three times, and ratified this the 12th day of February, A. D. 1877.

T. J. Jarvis,
President of the Senate.
Chas. Price,
Speaker of the House of Representatives.

The recognition of the State Medical Society, conveyed in the above act, (passed by the Legislature of North Carolina at its last session,) is a well-merited and timely one. The act is one of wisdom and humanity and does credit alike to the law-makers of that State, and the association upon which the honor and duties, imposed by said act, are so fitly bestowed.—*Editors Maryland Medical Journal.*

BLOODLETTING IN PNEUMONIA.

C. E., aged 22, applied at the Dispensary Clinic for treatment on the 29th of October. At the time he was suffering from a chill, and complained of a severe pain in his left side. He was advised to come into the hospital (University Hospital, Baltimore,) for treatment and on the following day was received into the house as a patient.

Upon examination the lower lobe of the left lung was consolidated from pneumonia, marked by a slight effusion in the pleural cavity. The temperature of the patient was up to 103° (Fh.), pulse 110, respiration 35. There were severe pains in the left side, which caused great uneasiness and distress in respiration and coughing. Ten minims of Magendie's solution were administered hypodermically at bed-time, affording much relief during the night, with pleasant sleep.

The pain returned in the morning, with high temperature and further embarrassment of respiration. Two wet cups were applied over the left side over the seat of the pain, and two ounces of blood abstracted. Relief followed almost immediately after the removal of the cups, and the patient enjoyed a refreshing rest.

Convalescence was established on the following day, and on

the sixth day after admission the patient was up and walking about the wards of the hospital. The medical treatment consisted in the administration of a diuretic, and ten-grain doses of Dover's Powder at bed-time.

The patient was a stout, robust young man, of full habit, when attacked with pneumonia. There was every indication of an advancement of the inflammation, and that its progress was arrested by the local abstraction of blood by means of cups. No sooner were the cups applied than pain was relieved, and the general condition of patient improved.—*N. Y. Hospital Gazette.*

ON DEFECTS IN THE DOMESTIC MEASUREMENT OF DOSES.

Dr. Robert Farquharson, Lecturer on Materia Medica at St. Mary's Hospital Medical School, writes as follows to the *British Medical Journal* of Feb. 26:

"The scrupulous accuracy with which prescriptions are made up by the highly educated dispensers who are now entrusted with this duty, perhaps tends to make practitioners careless regarding the exact mode of administration of their drugs. For convenience in out-patient departments, the time-honored tea spoon or table spoon is invariably recommended for the division of doses; and we console ourselves for our want of scientific precision by the belief that these domestic measurements usually correspond to certain definite standards laid down in our text-books. Sometimes, however, we find complaints made that our medicine will not last out the week; and, on inquiry, we find that the patients have consumed nearly double the proper quantity during that time, although they have conscientiously endeavored not to exceed the regulated number of tablespoonfuls. This happens so often, and is productive of so much waste and annoyance, that I have lately, with the kind assistance of Mr. Marriott, dispenser to the Western General Dispensary, made a careful inquiry into the capacity of our common domestic measures with the following results.

I will first consider drops, which are in occasional use, and which are held in a vague way to be about equal to a minim, although the more educated student of pharmacy would probably tell us that, on an average, they are only equal to half that quantity. Of

	Drops.		Minims.
Distilled water	56	represent	60
Tinctura opii	113	"	60
Tinctura digitalis	114	"	60
Liquor morphiæ hydrochlor	100	"	60
Oxymel scillæ	80	"	60
Syrupus papaveris	75	"	60
Spiritus ætheris nitrosi	114	"	60
Tinctura camphore comp	112	"	60
Acidum sulphuricum dilutum	55	"	60
Spiritus terebinthinæ	110	"	60

The next point is to inquire in how far the size of the drop is influenced by the shape of the bottle in which the fluid is contained. The experiments just noted were all made by means of an ordinary beaked minim-measure, and I found barely a shade of difference between this and a small phial bought by a dispensary patient. But, on making comparative observations with tinctura opii, I obtained the following variations from my original estimate of 113 drops to 60 minims. Out of the ordinary surgery bottle I obtained 83 drops to 60 minims, and from a large twelve-ounce bottle in the possession of a patient 93 drops became the equivalent; and, although these differences are considerable enough in themselves, the bottles in ordinary use differ but little from one another, and it will therefore be seen that the quality of the fluid is the main factor in regulating the relative size of the drops.

But drops, after all, are comparatively seldom used, and the universal engine for the division of doses is the tablespoon, which homely implement is always at hand, and is held to represent a certain fixed quantity. In a series of seven, selected at random, and apparently differing very widely in shape and size, I discovered the following remarkable variations: No. 1 contained six drachms; No. 2, six drachms; No. 3, eight drachms; No. 4, eight drachms; No. 5, eight drachms; No. 6, five and a half drachms; No. 7, five drachms.

It was found that a difference of from one to two drachms is

made by the spoon being only moderately or completely filled; and of any oily fluid at least an additional drachm can be readily added. The result, therefore, that even the smallest tablespoon does not hold less than five drachms, and that the largest contains at least an ounce, must completely alter our notions of prescribing; for we can surely no longer pin our faith to the regulation quantity of half an ounce, which this domestic measure is usually believed to contain. The dessert spoon was found to be equal to from four to six drachms; whilst four specimens of tea spoons were found to contain respectively eighty minims, ninety minims, and two drachms. The wine-glass must complete the series; and, in four experiments, No. 1 was found to hold three ounces and two drachms; No. 2, two ounces and six drachms; No. 3, three ounces; No. 4, two ounces and a half; and No. 5, two ounces and two drachms—thus exceeding pretty considerably in every case the regulation quantity of two ounces. So much then for the safety and accuracy of the modes of measurement most commonly employed.

It would clearly be difficult, if not impossible, to expect any reform in this direction to come from the overcrowded hospital out-patient rooms; but it is not too much to insist that, in the wards and in private practice, graduated measures should invariably be used as a matter of routine. We shall thus secure, not only greater safety in dealing with poisonous drugs, but greater scientific accuracy in any therapeutical observations we may wish to make upon our patients. But table spoons which hold an ounce, and wine-glasses which hold more than three ounces, can hardly be said to fulfill either of these necessary requirements."

In the *British Med. Jour.*, Dr. Wm. Frazer, of Dublin, says: "I invariably order, with all important medicines, an empty phial to be sent to contain the exact dose required. As a rule, a half-ounce phial is most convenient, for it indicates the medical table spoon; a two-drachm phial answers for the dessert spoon; and the ounce phial, of course, speaks for itself. I have found no cause for complaint about doses since adopting this simple plan, one of the principal recommendations of it, next to its accuracy, being its extreme cheapness."

PHYSICAL EXERCISE FOR THE SICK.

Dr. Putnam, in a paper read before the Massachusetts Medical Society on this subject, spoke in high terms of the intelligent efforts of Dr. Sing, of Stockholm, and referred to a number of ingenious pieces of machinery that were exhibited in the Machinery Hall of the Centennial Exhibition. He considers that judicious physical exercise may legitimately aim at securing the following results:

First. The diversion of the mind to the end of securing the influence of the will in promoting the proper performance of the processes necessary to health and of turning aside the thoughts from directions in which they may be running to the detriment of the health.

Second. The establishment of more control of the will over the muscles.

Third. The stimulation of the nervous centres which control the vegetative processes of the body, and perhaps the nutrition of the tissues themselves in some degree.

Fourth. The furtherance of the circulation of lymph and of the blood by alternate dilation and compression of the canals in which they are conveyed, and by acting through the nervous system upon the heart.

Fifth. Probably the removal of certain distressing conditions due to local congestions, especially in some cases of heart disease with congestion of the lungs by increasing the activity of the circulation elsewhere, particularly through the muscles. It is claimed that patients suffering from dyspnæa, attendant upon heart disease, often obtain great relief from some of the passive exercises. The pulse is said to become fuller and stronger after the applications.

Sixth. Possibly the stimulation of the nutrition of various tissues by direct mechanical excitation.—*Boston Med. and Surg. Journal.*

THE PROPHYLACTIC TREATMENT OF ECLAMPSIA.

In the Bulletin Général de Thérapeutique for September 15, 1876, Dr. Cersoy, of Langres, urges the great value of bromide of potassium, both in cases where there are symptoms which give rise to a fear of eclampsia, and in those in which convulsions have already occured before the full term of pregnancy, but a hope remains that, under suitable treatment, the convulsions may be checked, and the patient enabled to go to full time. He relates two cases illustrating this treatment. The first was that of a primipara, aged seventeen. At the seventh month of pregnancy violent convulsions set in without premonitory symptoms, and were repeated at intervals of not more than half an hour. The face was slightly œdematous, and the urine contained a large quantity of albumen. An attempt was made to apply leeches to the temples, but the patient could not be restrained, and tore them off as fast as applied. Chloral was then given in large doses, partly by mouth and partly by rectum, combined with hypodermic injections of morphia. The attacks became more feeble, but did not cease until the enormous dose of ten grammes of hydrate of chloral had been given in the course of about six hours. The patient was then treated with bromide of potassium in doses of from five to six grammes in the twenty-four hours. No further nervous symptoms occurred, but the proportion of albumen in the urine did not diminish. About a month later she was delivered naturally of a stillborn child, which appeared to have been dead for a considerable time, probably since the period at which the convulsions occurred.

The second case was that of a primipara at the eighth month of pregnancy, to whom Dr. Cersoy was called in on account of œdema of the face and extremities, accompanied by vertigo, flashings in the eyes, and singings in the ears—that is to say, some of the premonitory symptoms of eclampsia. The urine was found to be highly albuminous. The treatment adopted was the administration of bromide of potassium in doses of five grammes in the twenty-four hours. A milk diet was also prescribed, but was not followed out absolutely. Under this treat-

ment all the nervous symptoms quickly disappeared, but the amount of albumen in the urine rather increased than diminished, and shortly before delivery the proportion, after settling, was the enormous one of one-half. The œdema also continued to increase, but nevertheless the labour was perfectly normal, and a healthy child was delivered.

The author considers that eclampsia is a neurosis due to reflex irritability, which is especially likely to occur under the influence of albuminuria, because then the blood is impoverished, and the nerve centres ill-nourished. He therefore considers it more important to treat the reflex sensibility than the albuminuria itself, expecting that the latter will subside after pregnancy. He points out that in the case last related the use of milk diet, as suggested by Professor Tarnier, had no effect in ameliorating the albuminuria, it was scarcely put to a fair test, because not exclusively adhered to.—*N. Y. Obstetrical Journal.*

Gelseminum in Facial Neuralgia.—Drs. Sawyer and Mackey highly recommend the employment of gelseminum for the purpose of relieving pain, especially in branches of the fifth nerve. The preparation used is a tincture made from two ounces of the coarsely-powdered root, macerated in a pint of rectified spirit; dose, five to twenty drops. The evidences of the physiological action of the drug are loss of sight, double vision, headache, and paralysis.—*British Medical Journal.*

EDITORIAL.

SULPHATE OF CINCHONIDIA AS A SUBSTITUTE FOR SULPHATE OF QUININE.

The attention of the profession has recently been called to the use of Sulphate of Cinchonidia, as a substitute for sulphate of quinine in the treatment of malarial fevers and other affections in which this drug is so valuable. After careful trial the following results have been obtained, and are supported by the testimony of systematic observers :

1. That Sulphate of Cinchonidia is a specific in tertian, quotidian and quartan intermittent fevers ; and when given in proper doses secures as good results as are obtained from the administration of quinine.

2. That in remittent fever it is capable of the same good results as in the intermittent type.

3. That as an antipyretic it answers well where the temperature ranges under 103° F. ; and that when given in the afternoon rise of temperature so frequently observed in phthisis it is prompt and effective.

4. That its administration is free from the many unpleasant results which follow the liberal use of quinine, producing cinchonism with less disturbance of the nervous system, and with less disorder of the stomach.

5. That it is often accepted by patients unable to use quinine.

6. That to secure its good results it must be administered in larger doses than quinine and increased in amount until the desired effects are obtained. The proportionate dose is represented as ten grains of quinine to fifteen grains of Cinchonidia.

7. That as a tonic it is possessed of the same properties as quinine.

In view of the present high price attending the manufacture and importation of quinine and the comparatively small cost of the manufacture of Cinchonidia the latter becomes an economic and valuable remedy in every physician's practice and a blessing to many impoverished sections of country in which malaria is so prevalent.

The cost of the two drugs is represented as follows :

Sulphate of Quinine per ounce $4.50.
Sulphate of Cinchonidia " 85 cts.

DISCOVERY OF ANÆSTHESIA.

In an interesting article in the Virginia Medical Monthly for May, Dr. J. Marion Sims gives good reasons for acknowledging Dr. Crawford W. Long, of Athens, Ga., as the discoverer of anæsthesia for surgical purposes, claiming for him priority over both Wells and Morton. Dr. Sims closes the article with a summary of facts, a few of which we extract:

1st. That since the year 1800, we have been aware that Nitrous Oxide Gas would produce a peculiar intoxication and even allay headache and other minor pains.

2nd. That Sir Humphry Davy at this early period proposed it as an anæsthetic in surgical operations.

3rd. That for more than 50 years the inhalation of sulphuric ether as an excitant and for exhilarating properties has been practiced.

4th. That Mr. Wilhite, now Dr. Wilhite, of Anderson Court House, South Carolina, was the first to produce profound anæsthesia, which was done accidentally in 1839.

5th. That Dr. C. W. Long of Athens, Ga., preceptor of Dr. Wilhite, was the first who intentionally produced anæsthesia for surgical operations, with sulphuric ether in 1842.

6th. That Wells demonstrated the anæsthetic effects of nitrous oxide gas in 1844.

7th. That Morton induced the Boston surgeons to use sulphuric ether, at the suggestion of Jackson, in 1846, after which time the practice became popular.

While Wells and Morton died insane, and Jackson is an inmate of a lunatic asylum, Dr. Long who preceded these discoveries of the anæsthetic effects of sulphuric ether in surgical operations by 4 years, is still pursuing his professional labors in the small town of Athens, in Georgia. Dr. Sims suggests that the medical profession throughout the United States memorialize Congress on the propriety of donating a pecuniary award as an anæsthetic fund to the families of these four discoverers of anæsthesia. Long, Wells, Morton, and Jackson, are all citizens of the United States.

The Baltimore Academy of Medicine has recently been organized in this city, with Prof. Richard McSherry, President; Dr. Jas. Carey Thomas, Vice-President; Dr. G. Lane Taneyhill, Secretary;

Dr. W. C. Van Bibber, Treasurer; and Dr. P. C. Williams, Prof. J. J. Chisolm, and Prof. A. B. Arnold, Executive Committee.

A clause in the constitution requires that the applicant for membership shall have practiced medicine ten years from date of graduation.

This academy already numbers among its member many distinguished and influential physicians and surgeons, and its meetings will doubtless be attended with much interest and profit. A full notice of the first meeting of the academy will be found in this number of the *Maryland Medical Journal*, and our readers may look for full proceedings of this and other medical societies in each subsequent issue.

The American Gynæcological Association, convened in Boston May 30, 31st, and June 1st.

Dr. Fordyce Barker, president, delivered an address on The Therapeutics of Gynæcology.

Papers were read by Dr. Byrne, of Brooklyn, N. Y., on The Galvano-Cautery in Amputation of the Cervix; by Dr. Battee, of Georgia, on Normal Ovariotomy; by Dr. Gooddell, of Philadelphia, on Vaginal Ovariotomy; by Dr. H. P. C. Wilson, of Baltimore, on Sub-Sulphate of Iron in the Surgery of the Pelvis; and by Dr. Van de Walker, of Syracuse, N. Y., on Flexions of the Uterus.

Enlargement.—Encouraged by the flattering reception accorded the first number of the *Maryland Medical Journal*, by the profession we have decided to add to its size, and thus increase its value and interest. We present this number enlarged and otherwise improved, and bespeak for it a continuance of the patronage and good wishes so generously given to the first. It is our aim to make it a peer among the best of medical periodicals, and with judicious management and the friendly aid of our brethren it can and *shall* be done.

American Dermatological Association.—The first annual meeting of the American Dermatological Association, will be held at Niagara Falls on the fourth day of next September.

A circular issued by the officers of the Association says: "The titles of all papers to be read at any annual session shall be forwarded to the Secretary, not later than one month before the first day of the session."

Prof. A. B. Arnold, late professor in the Washington University Medical College of this city, has accepted the chair of Diseases of the Nervous System and Clinical Medicine in the Baltimore College of Physicians and Surgeons.

BOOKS AND PAMPHLETS RECEIVED.

Annual Report of the Supervising Surgeon-General of the United States Marine Hospital Service, for the fiscal year 1875; John M. Woodworth, M. D., Washington, 1876.

Syphilis and Chancroid; Brief History; Differential Diagnosis; Prophylaxis and Treatment; by P. H. Bailhache, Surgeon United States Marine Hospital Service.

On Pneumatic Pressure, in the Genu-Pectoral Posture in the Reduction of Uterine Luxations, by A. Sibley Campbell, M. D. Augusta, Ga.

On Full Term Extra-Uterine Gestation of the Tubo Ovarian Form, by A. Sibley Campbell, Augusta, Ga.

A Case of Fibroid Tumor of the Uterus causing Eclampsia, with Remarks on Uterine Fibroids in General, and on the Causes of Puerperal and Non-Puerperal Eclampsia; by B. B. Browne, M. D., Baltimore.

Fifteenth Annual Report of the Board of Managers of the North-Eastern Dispensary, in the City of New York, for the year 1876.

BRIEFS.

TREATMENT OF SEBACEOUS TUMORS.—(*Med. and Surg. Reporter.*)—Dr. B. Hamilton, from the success which he has had in its use, recommends the employment of strong tincture of iodine in the treatment of these tumors. No bad effects follow the injection, and no scar remains in the former site of the growth. The following points are of importance:

1. Make the puncture with a sharp pointed bistoury. The aperture should be no larger than is necessary to allow the escape of the contents of the tumor, and the admission of the nozzle of the syringe.

2. Empty the cyst of its entire contents.

3. Distend the sac as much as possible, moving the point of the

syringe in different directions, so as to bring the fluid in contact with every portion of the cyst wall.

4. See that no sebaceous matter remains, indicating that a portion, at least, of the cyst, retains its vitality.

THE ANTIZYMOTIC TREATMENT OF DIPHTHERIA.—Dr. Pavesi describes, in the *Annali di Chimica Applic. alla Medicina*, 1876 (abstract in *Annali Universali di Medicina*, August), a formula which he recommends in the treatment of diphtheria. If is founded on the antizymotic properties of chloral, salicylic acid, and the sulphites. It is as follows: ℞ Chloral hydrate, salicylic acid, glycerine, sulphite of soda, each 1½ parts; distilled water, 3½ parts; spirits of wine, 1 part. The whole is put into a strong glass vessel, which is closed, and exposed to a heat of 100° to 120° Fahr. for a few minutes, until the sulphite, salicylic acid, and chloral are completely evolved. A homogeneous solution is produced, which is filtered through bibulous paper, and preserved in a well-closed vessel. It is an oily, limpid, colorless liquid, having the odor of its constituent parts. It is insoluble in water. On the application of proper tests, the chloral, salicylic acid, sulphite of soda, and glycerine are found to be unchanged. Used both internally and externally, it is an energetic antiseptic, anti-fermentative, disinfectant hæmostatic, and preservative, as well as a destroyer of parasitic organisms. Dr. Pavesi says that it may be used as an antiseptic, and also as a sedative, in a large number of diseases.—*London Med. Record.*

TREATMENT OF RINGWORM BY PERCHLORIDE OF IRON.—Some months ago, a paper by Mr. Hopgood, of Sunderland, was published in the *Students' Journal*, in which he advocated the use of solution of perchloride of iron for ringworm. Since that time, I have tried this agent in several cases, and with very excellent results. I generally paint the affected parts with a solution made of equal parts of water and the liquor ferri perchloride fortior of the *Pharmacopœia* on three successive days, and then wait for a few days to observe the result. This is generally sufficient for a cure, but occasionally one or two further applications are necessary.—*George Brown, Brit. Med. Jour*

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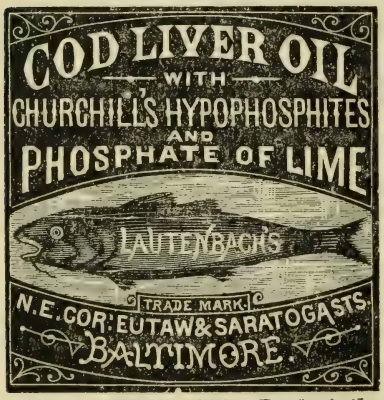

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ORIGINAL PAPERS.

DEFORMITY OF THE HIP, IN THE THIRD STAGE OF MORBUS COXARIUS.

BY L. MCLANE TIFFANY, M. D., PROFESSOR OF OPERATIVE SURGERY, UNIVERSITY OF MARYLAND.

The shortening which accompanies the third stage of Coxalgia was for many years attributed exclusively to dislocation of the head of the femur on the dorsum ilii, in consequence of erosion of the acetabulum and traction of muscles passing from the pelvis to the thigh bone.

The tendency of the present day is to deny dislocation and to find in erosion sufficient explanation for the various degrees of shortening and deformity which characterise advanced Morbus Coxarius.

It is probable that in regard to this question extended pathological research will show that a middle course is more accurate than either extreme, and that while osteal change in the joint surfaces will account for the actual shortening in many cases, yet in certain others, displacement of the head of the femur outside the capsular ligament will be found. Three cases of Morbus Coxarius have lately fallen under my observation, in two of which ante, as well as post, mortem notes were made; to these I would add a case in which dislocation occurred while under treatment, and propose in the following pages to compare the appearances observed.

Of the four cases, three were adult negroes, and one a white child, aged 12 years:

CASE I—A. M., negro, male, aged 35, when two-and-half years, old suffered from hip disease, had running sores on the thigh, was not treated by a doctor so far as he knows. The sores after a while healed, he became strong and has been able to earn a living by manual labor, chopping wood, etc., ever since.

He is a very strong muscular man. The left hip is flattened and firmly anchylosed. Seventeen cicatrices, deeply depressed, exist on the left buttock and upper part of the thigh; the six largest are found upon the inner and anterior aspect of the thigh, corresponding to the inner margin of Scarpa's triangle; one large scar is immediately behind the great trochanter.

The left lower extremity is by measurement 2½ inches shorter than the right; the shortening is entirely in the thigh. The great trochanter, left side, appears to rest in contact with the pelvis. The left foot is directed straight forwards.

A. M. who suffered from mitral and aortic disease died and I obtained a post mortem examination.

A cast of the hip was taken and preserved, showing scars. The soft parts about the hip were changed into a mass of cicatricial tissue, no muscle or tendon being distinguishable. The femur was immovable upon the pelvis.

Section was made with a saw, one half dried, in position, the other mascerated and cleaned.

The acetabulum was filled with scar tissue, enlarged, rough, eroded, with a perforation into the pelvis. A little chalky matter was found at one place and near by a few drops of thick pus.

The acetabulum was undercut in the iliac portion, by attrition against the head of the femur when it existed, leaving the rim projecting.

The head of the femur had disappeared. The neck, rough, short and conical, at right angles to the shaft of the femur, was tightly held in the acetabulum by fibroid tissue. It did not touch the pelvis at any point although the upper border was almost in contact with the upper rim of the acetabulum; immediately below the neck, the femur was somewhat excavated and into this excavation the lower rim of the acetabulum, projected.

The tip of the great trochanter rose three fourths (¾) of an inch above the acetabulum.

The course of former sinuses in the thigh were marked by fibroid tissue.

The weight of the body had been supported upon the upper surface of the neck of the femur at its junction with the trochanter, this being the point in relation with the pelvis as already stated.

CASE I.

CASE II.—A. B., negress, aged 44 years, came under my care suffering from Morbus Coxarius, right side; and died apparently from exhaustion a few days later.

The disease was of long standing—how long not known.

There existed the opening of a large sinus behind the great trochanter, and also one about three inches below the pelvis, at the inner margin of Scarpa's triangle, both discharging freely. Post mortem examination showed the acetabulum to be enlarged and roughened with a perforation at the bottom, one inch and a quarter in diameter. The iliac portion of the acetabulum was deeply excavated, undercut with overhanging edges; in this excavation was the head of the femur, the rim of the acetabulum resting upon the neck at its junction with the great trochanter. The head of the femur, eroded and small, corresponded in shape with the acetabular depression already mentioned. The anterior and outer portions of the capsular ligament were in good preservation, the rest, ragged and full of holes could not be said to exist. Shortening existed to the extent of two (2) inches. The

femur was movable upon the pelvis, the joint was but a reservoir for pus, the great trochanter projected half an inch above the rim of the acetabulum in the direction of the great sciatic notch. The limb was flexed upon the pelvis, and strongly adducted, the toe pointing however but slightly inwards.

In both the foregoing cases the shortening was absolute, 2½ and 2 inches respectively; in both, the head and neck of the femur, or what remained of them, occupied the acetabulum within the capsular ligament. The cause of shortening must be sought for in the bones entering into the formation of the joint, since dislocation has not occurred

The most striking changes are the relative positions of the neck and rim of the acetabulum, these two resting in contact, or nearly so, the weight of the body resting upon the base of the neck where it joins the great trochanter. As a result of this rising of the femur the great trochanter projects nearly an inch above the acetabular rim; owing also to the flexion and adduction present always in the third stage of Morbus Coxarius the projection of the trochanter is most pronounced in the direction of the upper border of the great sciatic foramen.

This change can only take place subsequent to erosion of the iliac portion of the acetabulum, the undercutting found in both specimens recorded.

The lower portion of the capsular ligament might be supposed to offer decided resistance to the gradual rising of the femur, but this is the part of the capsule which first gives way when suppuration occurs within the joint.

If an adult femur be deprived of the head and portion of neck so that the base of the neck shall rest against the upper rim of the acetabulum, it will be found that the distance between the condyles and the anterior superior spinous process of the ilium is lessened by an inch and a half more or less, varying with the obliquity of the neck on the shaft.

The erosion of the rim of the acetabulum will also of constitute an additional element of shortening. The change direction of neck in case No. 1, is to be accounted for by the early age at which A. M., suffered from Morbus Coxarius; at that time not

only the union between the neck and shaft being cartilaginous but also a large portion of the neck itself. The spasmodic contraction of the muscles passing over the hip joint would exercise sufficient force to distort a young neck resting in a depôt of suppuration.

The contact which takes place between the base of the neck and rim of the acetabulum, offers a possible explanation of the well-known fact that pain in the diseased hip may diminish suddenly to a great extent, and on examination the great trochanter is found to be removed upwards and backwards from its usual porsition, the so-called dislocation; whereas the true explanation would seem to be that the pressure is transferred from the large eroded head and acetabulum to the comparatively healthy base of neck and acetabular rim.

In those cases where the head of the femur within the capsular ligament, or its remains, occupies the acetabulum, the inversion of the foot is never so marked as in true dislocation upon the dorsum; this peculiarity is to be explained by two circumstances; 1st that the femoral attachment of the ilio-femoral ligament, (Y of Bigelow,) is not so far removed from its pelvic connection as in dislocation; 2nd, by the rise of the femur the external rotators, obturator internus and gimelli, are put upon the stretch and tend to evert the foot to some extent.

It would seem as though the erosion of the bottom of the acetabulum, leaving the rim projecting, undercutting, tends mechanically to lock the femur in position and prevent dislocation.

The following specimen of dislocation is without history of symptoms during life. The appearances were of such a character as to leave no doubt in the mind of the observer as to the true pathology.

Case III.—The body was that of an adult male, negro, middle aged.

There existed several sinuses about the right hip, the largest opening through the skin behind and below the great trochanter.

Signs of dislocation on the dorsum present, shortening, adduction of limb, inversion of toes marked. Dissection showed

acetabulum filled with pus, somewhat eroded in the iliac portion, not undercut but shelving.

The head of the femur, but slightly diseased, rested on the dorsum ilii 2 inches from the edge of the acetabulum.

The ilio femoral ligament existed (Y of Bigelow); fragments of the rest of the capsular ligament were found but not as a continuous structure.

CASE IV.—E. F., female, white, aged 11 years (1873). History of Morbus Coxarius dates back one year. The affected (right) limb was adducted, and shortened, the thigh flexed on pelvis. Treatment: Extension by weight and pulley in direction of deformity, gradually changed so as to bring limb parallel with healthy one. In six weeks this was effected, patient comfortable, suffering no pain.

Two days before a steel apparatus was to be applied, that the patient might move about on crutches, she made a violent effort to catch her brother, aged 2 years, who was playing on the bed with her; her leg "jumped up in the air" and she fell back with a loud scream.

I saw the patient two days later. The limb was shortened to the extent of two inches, knee adducted, foot inverted, trochanter prominent—briefly, a dislocation on the dorsum ilii had taken place when she made the attempt to catch the baby.

In case No. III, the beveling of the upper and outer aspect of the acetabulum offers adequate explanation for the escape of the femur from its socket, while the small amount of disease existing in the head, would point to the pelvis as the initial as well as the principal site of trouble, dislocation occurring before undercutting took place.

In case No. IV the dislocation was clearly traumatic; the violent wrench exerted upon the joint in attempting to catch the baby, the limb being extended by a weight, was more than the softened capsular ligament could withstand and the head of the femur escaped from its socket. The points of difference noted between dislocation, actual and simulated, occurring during the course of Morbus Coxarius, were in number two. 1st, inversion of foot; greater in true dislocation for reasons already stated. 2nd,

position of trochanter. In simulated dislocation the trochanter, while rising, approaches the pelvis; owing to erosion of bone it is never so distant, from the anterior superior spinous process of the ilium, as in true dislocation where the neck is intact.

In cases I and II it was possible by flexing the healthy thigh on the pelvis and everting the foot, to bring the tip of the trochanter the same distance from the anterior superior spinous process as on the diseased side of the body.

In cases III and IV, where actual dislocation existed, I was not able in any way to obtain equal measurements between the anterior superior spinous and the trochanters on both sides of the body. While therefore it is impossible to lay down a rule from such insufficient data as four cases, I incline to the belief that the two signs noted above may be of use in determining the position of the femoral head in advanced Morbus Coxarius.

THE RELATION OF CERTAIN ABNORMAL HEART-SOUNDS TO URÆMIA AND BRIGHT'S DISEASE.

BY JOHN S. LYNCH, M. D., PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE, AND CLINICAL MEDICINE, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD.

[*Read before the Clinical Society, of Baltimore, May 11th*, 1877.]

MR. PRESIDENT :—

Three years ago, last winter, a man applied to me for relief, who presented among others the following symptoms: Skin pale and rather waxy; lower extremities slightly œdematous; pulse irregular; respiration somewhat accelerated and amounting to dyspnœa upon active exertion and a slight teasing cough. Auscultation revealed a slight systolic murmur; first sound of heart prolonged and muffled, and second sound short, loud and strongly accentuated. Slight bronchial rales over root of lungs, and trachea. Considering it at the time, a typical case of valvular insufficiency, I prescribed digitalis in pretty free doses and requested him to attend my clinic three days afterwards, intending to give

the students of the College of Physicians and Surgeons an opportunity to listen to what I believed to be a mitral regurgitant murmur.

The man came at the appointed time, but much to my surprise (and greatly to my chagrin), the murmur had entirely disappeared; the muffled first sound and strongly accentuated flap of the semilunars alone remaining. Further investigation revealed that the man had Bright's disease of the kidney; but that except the hypertrophy of the left ventricle so constantly met with in connection with the disease, the heart was otherwise intact. Of course I was aware that more than twenty years ago Traube had called attention to the constancy of this cardiac complication and had offered an explanation of it, which was not however generally accepted by the more thoughtful and phylosophical members of the profession, but no one had alluded to the muffled first, and strongly accentuated second sound of the heart, as a usual symptom of Bright's disease, or offered any explanation of it. During the last three years I have sought every opportunity to investigate this point, and have almost invariably found these peculiarities of the heart sounds present at one stage or another of Bright's disease; and as this knowledge quite recently prevented me from repeating my own blunder—a blunder which in this same case had been repeated by three of the most eminent physicians of the city—I have thought that I could not more acceptably discharge the duty imposed on me to night, than by calling attention to this symptom of disease of the kidneys and trying to offer some explanation of it.

On studying the literature of Bright's disease, and more especially of its patho-histology, I find that as long ago as 1852 Dr. George Johnson of England, had stated that the minute renal arteries are much thickened in Bright's disease, owing to hypertrophy of their muscular coats; and supposed that this hypertrophy was due to the increased exertion required to drive the blood through the obstructed capillaries. Fifteen years afterwards, however, in a lecture delivered before the Royal Medical and Chirurgical Society, he was compelled to retract this explanation since it had been proved that the smaller arteries possessed no

propelling force, but merely regulated the supply of blood by a mode of action similar to a stopcock. And his later explanation of the arterial hypertrophy was that the office of the muscular coat of the arterioles was to regulate the supply of blood to a part; and that as in Bright's disease the destruction of the secretory cells of the kidney goes on, there is a continually diminishing demand for blood in these glands. Accordingly the renal arteries contract, in order to keep up the balance between the supply of blood and the decreased secretory activity of the kidneys; and a continuance of this excessive activity of the muscular coat of the smaller arteries, in opposition to the activity of the heart, would be followed by a hypertrophy of their muscular elements.

But this muscular hypertrophy of the arterial coats is not confined to the arteries of the kidney alone, but it has been demonstrated in the brain, pia mater, and intestines and probably exists in other arteries; and it is this general arterial hypertrophy, by increasing resistance to the onward flow of blood, that induces hypertrophy of the left ventricle of the heart, and not, as Traube supposed, the local resistance met with in the kidneys which would be too inconsiderable to produce this result. The way in which this general hypertrophy is produced, he maintained, was that the irritation of the peripheral extremities of the vaso-motor nerves, excited by the presence of a foreign substance, as urea for instance, in the blood caused a super activity of the muscular coats of the arterioles which ultimately led, as in every other case of excessive functional activity of a muscle, to its hypertrophy.

Dr. Johnson's views, then, of the pathology of Bright's disease, briefly stated, would be:

1st.—That the renal degeneration commences in the *glandular structure* and not in the vascular apparatus; that the glandular degeneration, by lessening the demand for blood, results primarily in a contraction of the muscular coat of the arterioles of the kidney which by its continuance leads to hypertrophy of that coat; and

2nd.—That the uræmic condition of the blood resulting from the renal degeneration, causes by reflex excitation, a contraction

of the muscular coats of all the arterioles which in like manner eventuates in *their* hypertrophy.

These views remained undisputed until the year 1872 when Drs. Gull and Sutton laid before the same society a paper, in which they state that the visible morbid changes in granular contracted kidneys are due to the primary formation of a hyaline fibroid substance in the intertubular parts including the vessels, and to atrophy of the tubular and intratubular structures of the kidneys. They believed that there is a diseased state characterized by a hyaline fibroid formation in the arterioles and capillaries, which is attended with atrophy of the adjacent tissues; and while it is probable that this change commonly begins in the kidneys, there is evidence of its beginning primarily in other organs. They further believed that the contraction and atrophy of the kidney are but part and parcel of the morbid change, since the kidney may be but little if at all affected, whilst the morbid change is far advanced in other organs etc. *

A very interesting discussion followed, during which Dr. Johnson reiterated and defended his former opinions and views, and with whom nearly all who spoke coincided; the more especially since Dr. J. laid before the society his specimens, which had been declared to be examples of hypertrophy by many men, including such able anatomists and physiologists as Dr. Sharpey, Dr. Carpenter, Sir James Paget and Dr. Rutherford. Subsequently Dr. J. made numerous examinations for the purpose of comparing the appearance of bloodvessels treated with no re-agent, and others which had been immersed in glycerine and camphor water as Drs. Gull and Sutton had previously done. The results of these examinations were published in the Medico-Chirurgical transactions for 1873; and he clearly proved, I think, that the so-called hyaline fibroid formation of Gull and Sutton, was merely an appearance produced by imbibition of glycerine which caused a transparent swelling of the tunica adventitia. He âlso ably defends his former statements, and here I believe the discussion has rested, and his conclusions have been generally

*(See London Lancet, November 1872, page 596.)

accepted. But whether Dr. Johnson's or Drs. Gull and Sutton's views are the correct ones in the premises, is immaterial to my present purpose, since the explanation which I propose for the altered heart sounds I have mentioned is equally intelligible, whichever theory or hypothesis we accept. For whether the diminished calibre and increased resistance to the outflow of blood by the arterioles be caused by hypertrophy of their muscular coats, or fibroid degeneration, the result would be the same; and I have only presented this historical review of the subject to show, that in Bright's disease there certainly does exist an alteration either functional or structural, in the lesser arteries which rationally accounts both for the hypertrophy of the left ventricle and the alterations of the cardiac sounds I have described. I will merely remark that the views of Dr. J. seem to me to be the more rational, and for the present, at least, seem to be more firmly supported by both fact and argument.

If Dr. Johnson's explanation of the mode in which this arterial hypertrophy is caused be correct, we can readily understand how the modifications of the heart sounds I have mentioned are produced either in acute uræmia, or chronic renal degeneration; and we can also perceive that the presence of these modifications assume a very great diagnostic value in doubtful cases. Thus, the temporary contraction of the arterioles from a suddenly occurring uræmia, or their constant contraction from hypertrophy caused by a persistent one, would by preventing the free exit of blood induce a continued and extreme state of distention in the aorta and larger arteries which possess no power of contraction except that derived from their abundant elastic coats. The retrograde movement of the blood therefore at the end of each systole, would be much in increased by this high tension, and the semilunar valves would close with a corresponding force, and hence the loud and sharply accentuated second sound.

How the first sound is modified by this condition is not so easily explained, unless we are prepared to admit that this sound is not *all* due to the sudden closure of the auriculo-ventricular valves, plus the impact of the heart against the thoracic wall. I am strongly of the opinion that a portion of the first sound is due

to the vibration of the walls of the aorta, produced by the sudden outrush of blood during the systole. My reasons for this opinion are partly negative and partly affirmative.

First, if the sound were solely due to the closure of the mitral and tricuspid, it should not be more prolonged than the second sound. But in fact it is double the length of the second sound and in some cases is prolonged through the whole period of systole, with scarcely an appreciable interval of pause between it and the second sound. The first sound also has a peculiarity which is usually described as *booming** and which has generally been ascribed to the impulse of the apex against the chest wall. But when we listen to this sound when the heart is excited to forcible action either in health or disease, when this impaction element of the sound can be most clearly appreciated, we find that it possesses an entirely different character from that booming or reverberating sound under discussion. It is now a clinking, ringing sound, in fact a tinnitus. Again: If the first sound were only produced by the closure of the valves and cardiac impulse, this ought not to be heard at any considerable distance along the course of the aorta. We ought only to hear the second sound in this direction. But we know that the first sound can be heard a long distance from the heart, and in fact any where over a large artery, as the carotids, the abdominal aorta, the iliacs and even, under favorable circumstances, over the femorals. The sounds are somewhat modified in character, diminished in intensity, and the sharper valvular element of the first sound almost entirely lost in these situations, but we still have the same difference in *duration*, and in *pitch* and *tone*, that we hear over the heart itself. That the walls of a hollow tube, even of solid metal, are thrown into vibration by the forcible propulsion of fluid through it, is palpable enough both to the ear and hand of any one who has tried the experiment. Nor is it necessary to the success of the demonstration that the examination should be made at a point near the force pump, for it is quite plain even hundreds of feet from it. It is quite evident then that the walls of the aorta are

*Flint: Manual of Percussion and Auscultation, page, 196.

also thrown into active vibration at every systole of the ventricle; and it is surely highly probable that both the prolongation of the first sound of the heart, as well as its difference in pitch, is due to this cause. If this is true, of course it follows that both the pitch and intensity of the sound produced will be modified by the state of the aortic walls themselves as to tension or relaxation. Whoever has tuned a stringed musical instrument, knows that a string produces a lower pitched but a much *louder* note when in a moderate degree of tension than when the latter is higher; and so when the arotic walls are kept in an extreme degree of distension by the contraction of the arterioles in front and a hypertrophied ventricle behind, the amount of vibration imparted by the rush of blood into it will be reduced to a minimum; and this is why we have, in the condition I have been describing, the diminished and muffled first sound of the heart. That the sound is prolonged, is of course due to the fact that the rigid condition of the arteries does not permit the ventricle to empty itself at once by a single impulse, and so the contraction of the ventricle is continued over a longer period, prolonging the impaction against, and consequently keeping up the vibration of, the aortic walls.

It may be asked what is the utility of such a symptom when the diagnosis of Bright's disease is so easily made out, and can be demonstrated at last only by a careful examination of the urine?

It should be remembered that there are times in the history of almost every case of this disease when, unaccountable as it may seem, the albumen and tube casts entirely disappear from the urine for a time, to reappear again shortly after. A first examination made at one of these times might lead to negative and entirely erroneous conclusions; and a knowledge of the significance of these modifications of the heart sound would excite our suspicion notwithstanding the negative evidence of the test tube and microscope; guard our diagnosis, and induce us to repeat our examinations at a time when they would be more conclusive.

It, not unfrequently, happens too that an attack of uræmic convulsions is the first positive or at least obvious manifestation of

the existence of renal degeneration; and being called to such a case without any satisfactory previous history, many of us have been made painfully sensible of the difficulties of attaining an assured diagnosis; since the motor disturbances present might be caused by appoplexy or other cerebral disease, alcoholic poisoning and even digestive irritations. It is true that Bourneville has asserted that the thermometer will clear up any doubt in these cases; but it would fail us in alcoholic poisoning, in which we would have as decided a lowering of the temperature as in uræmia; and moreover there are certainly some exceptions to Bourneville's rules, since I have certainly seen one case, and probably two, within the past year, in which the temperature remained *above* the normal throughout attacks of uræmic convulsions.

Under these circumstances, the heart symptoms I have described would certainly add very greatly to our means of attaining precision in the diagnosis of all cases of acute uræmic intoxication.

In previously unrecognized or masked renal degeneration too, it should at once excite our suspicion of kidney trouble, a suspicion that should not, and would not, be appeased by a single hasty or superficial examination of the urine. For myself, at least, I can speak in the strongest terms of the value and significance of the symptom; and can state positively that for more than three years during which I have been specially studying diseases of the chest, I have repeatedly been induced to suspect renal disease on account of these peculiarities of the heart sound alone, and have never yet failed to find my suspicions verified. And I feel quite sure that the knowledge of the relation of these abnormalities of heart sound to Bright's disease has prevented me from making a blunder, or at least enabled me to recognize the latter disease earlier than I would have done without this knowledge, in many cases. All agree as to the extreme importance of early recognition and treatment of Bright's disease; since if it can be cured at all, it is only in its earliest stages, before the structural changes have become so great as to leave our patients with worthless or seriously damaged organs even if those changes are arrested. A

symptom therefore which calls our attention to the kidney early in the disease, is of the very utmost importance, and is worthy of our most careful study; and it is for this reason I desire to call the attention of the profession to it, that further and more extensive, and perhaps abler observation, may either establish its value or prove its fallacy:

* * * * * * *

Since I have written the above article, my attention has been called to the following paragraph in the *Medical and Surgical Reporter* of May 5th, 1877:

"A Point in the Differential Diagnosis of Uræmia.—Mr. W. Whittle remarks, in the Dublin *Medical Journal*:—About the *diagnosis* of uræmia from brain diseases, apoplexy, alcoholic poisoning, etc., considerable difficulty is sometimes met with, especially in those cases where a sudden attack is experienced for the first time, and where no history of any renal trouble can be found. In such cases great assistance will be had from careful examination of the condition of the heart, as nearly always distinctive modifications of the heart sounds will be heard, as reduplication of one or both, intensity of second sound, etc.; differences also in the arterial tension and cardiac impulse. Of these none seem so constant or remarkable as muffling of the first sound."

It has given me great pleasure to read this, since it proves that others have observed the same modifications of the heart sounds; and that it is not merely a fancy of my own, an aural illusion. And any chagrin I might feel about priority in this discovery, is completely swallowed up in the pleasure with which I congratulate the profession upon the discovery of this new diagnostic sign of a disease heretofore generally fatal or incurable only (as I believe) because it is never recognized until irreparable damage has been done to the organs which are its seat.

SULPHATE OF CINCHONIDIA.

BY C. W. CROPPER, M. D., BALTIMORE.

That the drug, named at the head of this article, does, in its operation after administration, come the nearest of all the alkaloids of cinchona to the reputed action of quinia, is a pretty generally received fact at the present time.

The writer has had occasion to use it almost exclusively for the past 13 months, in Hospital and Dispensary practice, and he begs herewith to submit his personal observations:

In the Dispensary the great majority of patients presenting themselves were more or less affected by malarial poison, and no matter what the peculiar disability the patient labored under, and from which he sought immediate relief, unless Cinchona Bark, in some form, was administered, the other remedies appeared to fail of their generally understood effects. Because of the great expense consequent upon treating so great a number of patients, (about 15,000, per annum,) Sulphate of Cinchonidia was substituted for quinia, with results sufficiently satisfactory to warrant its continuance. It appeared to manifest over malarial cases, both single and complicated, precisely the action attributed to quinine, the only apparent difference being that in certain cases, it was necessary to increase the dose to a marked extent before cinchonism was produced, although, in the writer's opinion, a very *little* greater proportion of cases of this kind presented themselves, than when quinia was exclusively used.

In the Hospital proper, where the cases could be more carefully observed, Cinchonidia was administered in every case, where quinia was usually indicated and it appeared to answer perfectly.

The gastric disturbance and cerebral annoyance consequent upon the free administration of bark was manifested to less extent when Cinchonidia was given then when quinia was used, even when, in the same patient, the former was given in double the

quantity of the latter. This seemed to be particularly the fact in the cases of children under 12 years of age and in adults over 60.

In the continued fevers the administration of large doses of Cinchonidia seemed to exercise as much control over the temperatures as quinia usually does, the only difference being in the quantity prescribed.

In one case of Typhoid Fever, of which records have been preserved, it is shown that the use of quinia had to be discontinued because it apparently increased the number of stools, whereas Cinchonidia was administered in precisely the same manner and quantity without appreciable difference in the diarrhœa. The stools were certainly more fluid and frequent under the use of quinia.

Especially did its use appear to result beneficially in the treatment of infantile diarrhœa. During the extreme hot weather of last June, July, and August, 1876, many children, under 18 months of age, were brought to the Dispensary apparently in the last stages of what is usually considered intestinal imflammation, characterized by great emaciation, vomiting and purging freely, and without effort, great prostration, stupor &c. They had, with very few exceptions, been irregularly treated for diarrhœa with the result usual in such cases, temporary relief—but even brandy and astringents failed of action, and opium appeared to have no effect further than to add to the stupor. Inasmuch as malaria seemed to be a complication in nearly every dispensary case, and after a careful use of Cinchonidia in the Hospital in just such cases as the children presented, a prescription was ordered for a child 12 months old, of the following character:

℞

Cinchonid. Sulphatis,		gr. xij.
Acid. Sulph. Aromat.		q. s.
Aquæ Menth. Pip.		
Aquæ Dest.	āā q. s. ad.	℥ ij.

Sig. A teaspoonful every three hours.

Household measures generally furnish ℥vi. to the ounce and therefore this child got gr. j of Chinchonidia at each dose, with a carminative in the peppermint water. The first dose was usually rejected immediately, the instructions then being to repeat the

dose at once until it was retained. If the child could not swallow ʒij of the mixture were injected into the rectum with a starch and opium solution. To say the result was marvelous is to use a strong expression, but the result, in nearly every case, certainly justified the treatment and so positive was the apparent benefit that this mixture became a standard one in the Hospitals and Dispensaries, and continues to be used in all cases of this kind presenting themselves. The writer is well aware of the liability to err in ascribing to malaria all infantile summer complaints, and he does not wish to be understood as saying that Cinchonidia will cure all diarrhœas developed in children during the heated term, but he is certainly of the opinion that a judicious use of the drug quoted is of real benefit in many summer diarrhœas—especially now when it is a prominent fact that malarial disorders are increasing in number, and more or less complicating the cases seen every day.

As to the dose, as compared with that of quinia, the indications for grs. v. of quinia, are fairly met by the administration of grs. vij of Cinchonidia; about the proportion of 1½ to 1.

REPORTS OF CASES.

PUERPERAL CONVULSIONS.

BY JOHN A. BITTING, M. D., OF GERMANTON, N. C.

Case I. On 8th January 1876, was called in consultation by Dr. L. H. Hill, to see Mrs. M., æt. 19, primipara, who had been in labor at full term 15 or 18 hours. Had been having convulsions every 5 or 10 minutes previous to my arrival for about 2 hours, notwithstanding she had been copiously bled by Dr. Hill at the onset of eclampsia. Patient was unconscious when first seen by me. Gave her hypodermically:

℞

Atropiæ Sulph., gr. one-forty-eighth.
Aquæ Destillat., m. v.

which was followed in 4 minutes by a violent convulsion. We then found, on vaginal examination, the os uteri dilated to the size of a silver dollar, the membranes ruptured, and the head presenting in the first position. We decided to apply the forceps inside the os uteri, which, after several futile attempts, I succeeded in adjusting, and without any difficulty delivered a large living child. Twenty minutes after the injection of the atropia she had a slight convulsion. No further treatment was pursued except a dose of castor oil. The woman made an excellent and rapid recovery without a return of the convulsions.

CASE II. On 31st July 1876, Mrs. I., æt. 22, primipara, six months advanced in pregnancy, had been troubled with slight pains for 5 or 6 hours when she was suddenly seized with a convulsion. I was immediately sent for, about 5 miles distant, and found, on arrival, that she had had two convulsions, about three-fourths of an hour intervening between them. I immediately gave her hypodermically:

℞

Atropiæ Sulph., gr. one-forty-eighth.
Aquæ Destillat., m. v.

Also,

℞

Potass. Bromide,	grs. xxx.
Tr. Verat. Virid.	gtt. v.

every two hours. On examination I found the os uteri slightly dilated, and the membranes intact. After waiting three hours I ruptured the membranes, and gave her

℞

Ext. Ergotæ Fl., ℥j.

which caused the expulsion of a living fœtus in thirty-eight minutes. No convulsions having returned, I ordered a dose of epsom salts, and the bromide of potassium to be continued in thirty grain doses. This, however, was neglected, and the convulsions returned in about four hours after the last dose of bromide of potassium had been taken. Was called to see her again, and, under saline purgatives and a continuation of the veratrum viride, and bromide of potassium, the woman recovered without an untoward symptom, or a second return of the convulsions.

CASE III. On December 17th, 1876, was called at 9 o'clock, P. M., to see R. B., (colored) aged forty, multipara, who had delivered herself of a large living child one hour previous to ocurrence of convulsions. I did not visit her, but directed a saline purgative and

℞

Potass. Bromide,	grs. xxx.
Tr. Verat. Virid.	gtt. v.

every two hours. At six o'clock on following morning was again requested to visit her, as the convulsions had not been mitigated in the least. Found patient unconscious, and the tongue, which protruded from the mouth, very much swollen and badly bitten. I gave her, hypodermically:

℞

Atropiæ Sulph., gr. one-forty-eighth.
Aquæ Destillat., m. v.

Also,

℞

Ol. Tiglii. gtt. v.

and doubled dose of bromide potassium and veratrum viride. Waited two hours, but no amelioration of symptoms occurring, I gave her hypodermically:

℞

Atropiæ Sulph. gr. one-twenty-fourth.
Morphiæ " gr. ⅓.
Aquæ Destillat. m. x.

and bled her, taking about twenty-four ounces of blood from the arm; saw her again at three o'clock in the afternoon, and found her no better. I then, regarding the case as being almost hopeless, left one-half ounce croton oil, directing five drops to be given every two hours, also frictions with the same over the abdomen until the bowels should be freely moved. Copious evacuations occurring about ten o'clock at night, the convulsions ceased. Saw patient again on morning of 19th December, 1876, and found her conscious and moderately comfortable. Recovery took place without any further trouble.

It will be seen that in case I, atrophia seemed to be all powerful in arresting spasmodic action, while in case II, the convulsions returned, apparently in consequence of the non exhibition of

bromide of potassium. In case III, bromide of potassium, veratrum viride and venesection, all combined, appeared to do no good, but free purgation with croton oil was followed by marked relief.

Now, what are the inferences to be drawn from the results in these cases? Evidently that blood letting, notwithstanding the dogmatic manner in which it is sought to be enforced by some, is not the remedy, *par excellence*, in puerperal convulsions. On the contrary, I have every reason to believe that puerperal eclampsia can be more readily controlled by atropia, bromide potassium, veratrum viride, chloral-hydrate, chloroform, croton oil and the salines than by venesection. I am more especially inclined to this view, since anæmia is a pathological condition almost universally associated with eclampsia, and is doubtless conducive thereto.

CORRESPONDENCE.

BROMIDE OF POTASH IN ECLAMPSIA.

Editors Maryland Medical Journal:

SIRS:—In the June number of your Journal, under the heading, "The Prophylactic Treatment of Eclampsia," Dr. Cersoy, of France, reports, September 1876, two cases of this disease treated successfully with the Bromide of Potassium. The reading of these cases recalled to my mind a somewhat similar case treated by myself, three or four years ago:

The woman was a large, well developed person, aged about thirty years. During her first confinement, she had puerperal convulsions, and was delivered with forceps by Dr. E. Burke Haywood, of this city.

In her second confinement, two years subsequent to the first, I attended her, she had puerperal convulsions of the most violent character; I delivered her with forceps of a living child. She had convulsions ten or twelve hours, also, after the birth of the child.

Two or three years after this second confinement, she sent for me again. I found her seven and a half months advanced in pregnancy—her face and extremities œdematous, and constant head-ache. She informed me that these were the same symptoms she had a month or so previous to her other confinements. At her urgent solicitations I abstracted about twelve ounces of blood from her arm, which she said relieved the head symptoms; after this, I gave her ten grains of the Bromide of Potassium three times daily, to be continued till her confinement. Her urine contained a large quantity of albumen. At the end of six weeks she was confined, had a natural labour and was delivered of a fine healthy child. I only report this case as one to substantiate the views expressed by the learned Dr. Cersoy.

WILLIAM LITTLE, M. D.

Raleigh, N. C.

ORIGINAL TRANSLATIONS.

FROM THE GERMAN.

BY R. B. MORISON, M. D., OF BALTIMORE.

Atresia Ani Vesicalis.—In a late number of *Centralblatt*, F. Ahlfeld, is reported as having delivered an eight months' fœtus (female) of a remarkable character:

Delivery was difficult on account of the largely distended abdomen.

Besides being affected with kyllosis and deplogenesis of the thumbs, atresia ani was most noticeable.

Upon doing abdominal section the rectum was seen to open into the urinary bladder, which accounted for there being no infarction of fæces in the small intestine.

Early in the stage of development (before the end of the second month) an excessive stretching of the allantois had prevented union of the Müllerian ducts so that there was a double uterus and vagina which opened first into the allantois and after-

wards into the bladder, forming a complete cloaca. The left kidney was normal, the right scarcely developed. One ureter, instead of going directly into the bladder, ended in the Müllerian ducts.

Poisoning with Salicylate of Soda.—Dr. F. Petersen relates some unusual symptoms of poisoning with salicylate of soda. In six hours a patient took six drachms. Besides intense headache, tinnitus aurium, weakness of vision and profuse diaphoresis, there appeared disturbance of the sensorium with troubled hallucinations, mydriasis, strabismus divergens, hoarseness and difficulty of speech so that many words could not be pronounced at all.

These symptoms disappeared after some days but returned though with less intensity, after subcutaneous injection of one-third of a grain of salicylic acid.

Dr. P., recommends subcutaneous injection of from eight to sixteen grains salicylic acid in concentrated solution for erysipelas. The injections must be made under the healthy skin near the affected part.—*Centralblatt.*

Lasinski recommends a powder made of ℥ss. salicylic acid, grs. xv. quinine, and grs. viij āā of sugar and bicarb. soda for pertussis. The whole quantity should be so divided that it would last ten days, using it twice daily. Each part should be blown into the throat with an insufflator. After each insufflation a certain degree of suffocation follows which soon passes by.

Under this treatment the writer had cured more than fifteen cases of pertussis convulsion, between the fifth and thirtieth day. —*Centralblatt.*

In Two Cases of Diabetes Mellitus, Warnek, in Kiel, found that salicylate soda in large doses (℥ ijss) given three or four times daily caused a noticeable diminution of the quantity of sugar as long as the medicine was continued.

In one case in which it was given in doses of drachms four to four-and-half, with flesh diet, the sugar disappeared entirely.

The concomitant symptoms were slight—only a small quantity of albumen being found, which did not increase in quantity upon the continuance of the drug.—*Centralblatt.*

REPORTS OF SOCIETIES.

AMERICAN MEDICAL ASSOCIATION.

TWENTY-EIGHTH ANNUAL MEETING.

FIRST DAY'S PROCEEDINGS.

The Twenty-eighth Annual Meeting of the American Medical Association was held in Farwell Hall, Chicago, beginning on Tuesday June 5th. It was opened by an address from Dr. J. Marion Sims, who then presented the new president Dr. Bowditch, of Boston. Dr. N. S. Davis, of Chicago, delivered the address of welcome to Chicago. In the course of his remarks he very appropriately referred to the early organization of the association. This he was quite competent to do, for, as all our readers are aware, he was himself the leader of the effort. The association, whose annual attendance now numbers over six hundred, has shown its appreciation of his labors by twice electing him to the office of president—an honor which has been conferred upon no other physician of this country.

The sections and the association proper all immediately settled down to work, for on the first day of the session the following papers were read and discussed, either before the entire body or the special section to which the subject belonged: The Administration of Quinia in Pneumonia, by Dr. N. S. Davis; Extirpation of the Uterus, by Dr. Kimball, of Massachusetts; Treatment of some Diseases of the Female Urethra, by Dr. W. H. Byrd, of Illinois; Certain Operations for Vesico-Vaginal Fistulæ, by Dr. Bozeman; the Value of Extension in the Treatment of Fracture of the Femur, by Dr. Hodgen, of St. Louis; the Relations of Spiritualism to Medical Jurisprudence, by Dr. John P. Gray, of the Utica Asylum.

The paper which excited the most discussion seems to have been that read by Dr. Hodgen, on the treatment of the fractured femur. He pointed out the faults of plaster cases and pulley apparatuses

before giving his own method of treatment. His conclusions were, that continued extension of the femur is essential; that this can not be secured by lateral supports of any kind, and that it can be by oblique suspension.

The evening of the first day was occupied by a number of receptions tendered the members of the association by the leading Chicago physicians.

SECOND DAY'S PROCEEDINGS.

The revisions of the United States Pharmacopœia was the subject of Dr. E. R. Squibbs' address, on Wednesday morning. Our readers are already acquainted with his reasons for wishing this revision, so this part we shall not repeat. He made frequent reference to a pamphlet (Dr. Wood's) which appeared some months ago in opposition to the proposed revision. The paper, during its first half, treated of the decennial conventions and the manner in which they were called. Under the present arrangement, the convention is to meet in 1879, when a committee on revision will be appointed, who are to prepare an authoritative pharmacopœia, which no doubt, will be defended by all means legally available. The pamphlet pointed out that there would then be two pharmacopœias, if the American Medical Association attempts to put one in the field. As to that point, Dr. Squibbs pointed out that Great Britain once had three pharmacopœias; and if there should come to be two in America, the doctrine of the "survival of the fittest" would, in its operation, take care of the best one. In May, 1880, a convention would meet in Washington which would be a convention, no matter how few its delegates, and it would have authority to revise the pharmacopœia.

Dr. P. G. Robinson, of Missouri, followed with a paper treating of the transmission of enteric fever by dairy milk. It instanced a case in which the animals in a dairy were watered at a stream which was polluted above by the excrements of a large number of workmen. The families using the milk were attacked. Dr. Robinson pointed out that great care should be taken in the milk-supply of large cities, where children were laid especially liable to injury from its impurities.

Dr. J. P. White, of Buffalo, New York, made a report from the section on obstetrics. It consisted for the greater part of a plea for the more frequent use of "that most humane of instruments, the obstetric forceps." He also exhibited an instrument, prepared by himself, which he claimed combined all the good points of all the other instruments in use, and none of the bad.

The section on practical medicine listened to and discussed an interesting report on clinical and meteorological records, by Dr. N. S. Davis and by Dr. Denison, on the influence of Colorado climate upon consumption. The latter paper is supplemental to the one he read in 1876. Dr. Denison is a warm advocate of Colorado air in the treatment of this affection, and presented many tables of statistics relative to the subject. He gave detailed accounts of twelve phthisical cases, of which half were favorable and half unfavorable to the Colorado climate. He had been led to the conclusion that consumption might be benefitted by the Colorado atmosphere, not only in its early but under proper conditions, in its later stages. The influence of altitude on phthisis was favorable in the beginning of chronic inflammatory and hemorrhagic cases, and in cases allied to these. It was unfavorable as the disease was complicated by cardiac disease, associated with increased labor and abnormal activity.

The paper gave rise to a warm debate. One physician believed that patients who returned from Colorado were worse off than they would have been had they never gone. Another believed that those conditions which restored consumptives to health in Colorado were not climatic, and might be obtained at home. It was voted to refer the paper to the publishing committee, and request Dr. Denison to continue his studies, and embody his conclusions in a paper to be presented to the association next year.

Before the section on obstetrics, Dr. Bozeman submitted statistics relative to organic diseases as observed in Germany.

Dr. Marcy of Massachusetts, read an essay on "Congenital Absence and Imperfect Development of the Uterus," which was discussed by Drs. Webber, of Indiana; Staples, of Minnesota; Warner, Bozeman, Seymour, Sims, and Dean of New York, and Battey, of Georgia.

Drs. Cuttle, of Massachusetts, and Hildreth, of West Virginia, exhibited some new obstetrical instruments of their own device.

The section on surgery and anatomy met in Farwell Hall, the attendance at this section being greater than that at all the other sections combined. Dr. S. D. Gross read a paper prepared by his son, Dr. S. W. Gross, of Pennsylvania, on "Strictures of the Urethra from Masturbation, and its Pathological Significance." Dr. W. T. Briggs, of Tennessee, read a paper on "Medio-Bilateral Lithotomy." Dr. Lewis A. Sayre described his "Treatment of Fractured Ribs by Extension and Expansion of the Thorax and Retention by Plaster of Paris Bandage."

Dr. Whipple, of New Jersey, described an operation in which he removed one and a half inches of the tibia and fibula of a patient. In the discussion of this case, Dr. Link, professor of anatomy in Indianapolis, described cases in his practice showing that the repair of a bone did not depend on the existence of periosteum.

The section on medical jurisprudence and psychology spent the entire afternoon in listening to and discussing a paper by Dr. R. J. Patterson, of Illinois, on the subject, "Do Facts Justify the Recognition of Moral Insanity as a Distinct Form of Mental Disease?"

Dr. Patterson's conclusions were adverse to such recognition. His paper contained statistics from a large number of insane asylums running back over several years, and showing a very marked diminution of cases of so-called "moral insanity." Dr. Patterson objected to the recognition of moral insanity as a distinct form of mental disease, because there were no cases in which it was shown that a person suffered from "moral insanity," while the intellect was perfectly rational. No person would suffer by the denial of this recognition. The term "moral insanity" not only does no good, but it does positive harm by enabling unscrupulous lawyers to set up a specious plea in behalf of their clients, especially in cases of homicide, in which there is no question as to the soundness of the intellect. The cases of Sickles, McFarland, and many others were cited here. And finally very few of the highest authorities, medical or legal, recognized such a disease as moral insanity, and the plea of that disease is looked on with suspicion by experts.

In the discussion which followed, Drs. Gray, Thompson, Battey, and Knight agreed with the essayist, while Drs. Seguin, of New York, and Buck, of Canada, contended for the existence of moral insanity.

Dr. J. R. Black addressed the section of state medicine and public hygiene, on the Relation of Heredity to Race Degeneration and Improvement.

Dr. Comegys read a paper on state medicine, which particularly dwelt upon the necessity of rigid restrictions as regarded admission to practice. The State should exercise over all physicians a supervision so careful that no unqualified person could, by any possibility, foist himself upon the community.

LAST DAY'S PROCEEDINGS.

On Thursday morning the association met with 650 delegates present.

The report of the Committee on Necrology was read and referred.

The Treasurer, on retiring, reported unusually heavy expenses during the past year, but that he had a small surplus.

The Committee on Publication submitted a lengthy report, urging that a medically educated stenographer be employed to supply the copy of the proceedings for pamphlet publication, and making other recommendations.

The Committee on Prize Essays reported that only two had been submitted, and neither was worthy of a prize.

Dr. E. M. Hunt read a long paper on "State Medicine and Public Hygiene."

The Librarian reported that a number of new books had been added.

The question of the revision of the Pharmacopœia was again discussed, but finally the whole subject was tabled.

The following officers were elected: President, Dr. T. G. Richardson, of Louisiana; Vice-Presidents, Drs. White, of New York, Gunn, of Illinois, Russell, of Connecticut, and Dunlap, of Ohio, with Chairmen and Secretaries of the various sections of the Convention.

The report of Drs. J. J. Woodward, U. S. A., and Edward Seguin, on the progress of uniformity in the means of observation and record, was submitted, as follows:

"During your last session you have voted that the question of uniformity in the means of medical observation and of medical records should be presented in your name to the International Medical Congress soon to meet in Philadelphia. This Congress received your communication with an interest enhanced by the warm recommendation of its illustrious President, Prof. Samuel D. Gross, in his inaugural address; and the International Medical Congress, in its turn, voted the sending of delegates to the next International Medical Congress, which is to meet in Geneva, September, 1877, with the special commission of pleading there the cause of medical uniformity. Such has been the official progress of this question since your last meeting.

"Its technological progress consists (a) in the perfecting and cheapening of the sphygmograph, but not yet to the point of making it as popular as the thermometer. (b) In the reduction of urinometers and microscopes to a uniform standard and to pocket size. (c) In the invention of simple colorimeters and globulimeters, which seperately realize the hopes induced fifteen years ago by the brilliant invention of Prof. Mantagazza. (d) The more important conquest of this year

has been the acceptance of the metric system by the New York State Medical Society.

"It may not be out of place to add that the demand for instruments of positive observation has more than decupled in the last ten years, and that the use of uniform records of medical observation has increased from a few hundreds to thousands annually; a double progress entirely new to the initiative of this great progressive body, the American Medical Association.

"During the same period the pharmacists have made parallel efforts to bring uniformity in the products of their trade, which is an accessory to our art; and we must acknowledge that they are somewhat ahead of us. They will be strongly represented in the International Medical Congress of Geneva, and it would be more creditable for them than for us were they the first to agree upon the terms of this long longed-for uniformity on our own ground. Pharmacy would gain nothing and physic would lose much by leaving disconnected two movements which tend to establish uniformity in the pharmacopœia and in the practice of physic; both uniformities being twin sisters of the same spirit, the aspiration of the human mind towards the next synthesis.

"Therefore, your reporters on this subject propose that the American Medical Association send special delegates to the International Medical Congress at Geneva—as it did so effectively to the International Medical Congress of Brussels, in 1875,—to advocate the adoption of a progressive uniformity of means of medical observation and records, with the concurrence, if possible, of the members of this Congress who will be found there engaged in advocating the application of uniformity in this and other departments of science."

The Association adopted the conclusions of this report in its last general meeting, and fused the delegation to that effect with the other delegation to the permanent medical societies of Europe for 1877–'78, naming Dr. Edward Seguin, of New York, president of this mixed delegation.

The Association also adopted a resolution favoring the passage of the "Morrison Bill," now before Congress, repealing the tariff on quinine.

Buffalo was selected as the place of the next annual meeting, and the first Tuesday in June as the time.

The Association then adjourned, although the work of the sections was continued until late in the evening.—*Cincinnati Clinic.*

BALTIMORE ACADEMY OF MEDICINE.

June 5th, the Academy of Medicine was called to order by the president, Prof. Richard McSherry.

Prof. Chisolm reported a case of partial deafness with aphonia, due to pharyngeal irritation, in a woman of thirty-five. A pediculated tumor was found in the lower pharynx the size of an almond, with a very straw like pedicle, which attached it to the left side of the throat, just below the tonsil. The tumor jutted directly across the throat and resting against the epiglottis caused, by irritation, aphonia. From the small size of the pedicle, the size and firmness of the tumor, it must have been many months in growing. So slender was the foot-stalk that a severe fit of coughing might have ruptured the connection with the pharyngeal wall.

Prof. Chisolm reported a second case of pharyngeal tumor, the size of a large fowl egg, in a man of sixty, which in its growth had so packed itself in the upper pharynx as to fill it completely, closing the eustachian openings and causing deafness. The tumor had started by a very broad stout foot-stalk from the basilar process of the spheno-occipital bone, and in its downward growth had pushed the soft palate forward showing nearly an inch of its fundus in the buccal pharynx. It often bled and caused much pain, besides constant muco-saneous discharge from the nostrils. The tumor was removed in the following way: A Bellock's sound was forced through the nostril into the mouth and by means of it a loop of stout silver wire was drawn through the nose. The loop was then adjusted around the tumor from the mouth, forcing it up with the finger until it had ascended to near the orgin of the growth. The wire was then tightened by means of a screw canula introduced through the nose, a delicate écraseur. By twisting the screw several times a day the entire mass was severed in 24 hours without the least hemorrhage. The nasal speech disappeared with the tumor and hearing was perfectly restored. The tumor was a malignant sarcoma and will most probably return. For the present the patient believes himself well, having been completely relieved of all of his discomfort.

Dr. C. Johnston exhibited a specimen of chylous urine which he obtained from a patient who passed it at irregular intervals. The urine at times was so coagulated in the bladder that it became necessary to use a catheter and wash it out. The patient was a gentleman ad-

vanced in years, who experienced great responsibility and care in his profession. His health was poor whenever this condition of the urine existed.

Dr. Johnston related a case of epithelioma of the penis in a mulatto man aged 52. The patient first presented himself for operation in August 1876, at which time the anterior two-thirds of the penis was amputated by use of the écraseur. The wound healed kindly, and the patient was exempt from the disease until May, at which time he reappeared for treatment.

Dr. Johnston performed an operation the second time for the removal of the diseased mass.

A perineal section was first made, and sides of the urethra attached to the edges of the incision in the perineum. The urethra was next detached in front of the wound under the scrotum so as to prevent an extension of the disease to the urethra next the bladder in the event of a return of the disease. The stump of the penis was next removed close to the symphisis pubis by use of the écraseur.

The operation was original with Dr. Johnston.

The patient was improving rapidly at the time of the report.

Dr. Van Bibber reported a case of epithelioma of the penis in a patient 30 years of age. He saw the case with Dr. Frick (now deceased), in 1849, at that time the écraseur was not in use and the organ was amputated with the knife. Hemorrhage was alarming and was only controlled by use of sub-sulphate of iron. The doctor thought the case of interest as showing the improved methods of handling surgical operations at the present time over those of a few years back.

Dr. Arnold reported a case in which he supposed there was a collection of pus in the right iliac space due to a local peritonitis. The patient was a young woman 20 years of age. Dr. Arnold thought the aspirator was admissible and asked for the experience of the Academy in regard to the use of this instrument.

Dr. Chew mentioned a case of ovariotomy in the practice of Dr. Howard in which an accumulation of pus had been removed through Douglas' *cul de sac* with an aspirator affording great relief and resulting in the cure of the patient.

Dr. Chew stated, in connection with a case of empyema reported at the last meeting of the Academy, that he had occasion to use the aspirator three times removing in all 90 ounces of pus. He remarked that whilst clearly defined bronchial breathing in the adult was

diagnostic of consolidation of the lung the rule would not hold good in the child. Other methods of diagnosis must be resorted to.

Dr. McSherry reported a case of empyema in which two gallons of fluid in all were removed, ninety ounces at the last tapping. He thought the introduction of the drainage tube preferable to the frequent use of the aspirator.

Dr. H. P. C. Wilson related a case of empyema in which a single injection of tinc. of iodine resulted in the cure of the patient.

Dr. Houck reported a case of empyema in which a spontaneous evacuation through the lung occurred after the aspirator had been employed. The discharge continued through the lung until the patient was cured.

A QUESTION OF DIAGNOSIS.

Dr. McSherry related a case in which a physician in good practice requested him to give his opinion in regard to a specimen of urine then offered for examination. The physician said, during the conversation, that he himself had carefully examined specimens from the same patient, and was satisfied that she was suffering from Bright's disease of the kidneys; inasmuch as he had found albumen by chemical tests, and tube casts and put also under the microscope. He further added that he wanted a confirmation of his own tests, as he disagreed with the attending physician in this case, who denied the existence of Bright's disease in this patient.

Dr. McSherry not being willing to act as umpire declined to make an investigation. In one or two days thereafter he was called into consultation in the case, which was then in care of the family physician alone, Dr. —— having retired because of disagreement in the diagnosis. The patient, an old lady, had hypertrophy of the heart of long standing, and evidences of fatty degeneration. She was suffering with an attack of dysentery, which was then partially relieved, and very considerable dysuria, with great intolerance of medicine. Among other remedial agents a cantharidal blister had recently been applied over the epigastrium. Dysuria is a well known attendant on dysentery, but in this case it was excessive even to a degree of strangury, and was probably aggravated by the cantharides. The urine was examined at the bedside, litmus paper and heat being used; at this time (and subsequently) there was no trace of albumen. At Dr. McSherry's suggestion, a portion of raw cotton saturated with olive oil and tincture of belladonna was directed by the attending physician to be thrust in the vagina at night, and left in contact with the urethra, and neck

of the bladder to abate the strangury. This cotton when removed the next morning brought entangled in its meshes a *discolored pin*, which it had dislodged from the urethra, and thereafter the dysury ceased.

The presumption was that at some time past, this old lady had swallowed the pin unconsciously—it not being uncommon with women to thrust half a dozen pins in their mouth at once—that it had passed along the bowel, and that during the attack of dysentery it had passed through the diseased bowel and vaginal wall, and found a lodgment in the urethra.

The first consulting physician had then found pus and more or less albumen in the urine undoubtedly, and the general condition of the patient made Bright's disease probable, but nevertheless the investigations made by Dr. McSherry, with the attending physician, sustained the position taken by this gentleman.

Prof. Chisolm read a paper with title, "What anæsthetic shall we use." In the paper Prof. Chisolm said that to bring a person to that borderland in which life so simulates death, should be no fool's occupation, and that therefore anæsthetics should be administered only by those familiar with their action. He recognizes anæsthetics as among the most potent drugs of the materia medica, and therefore should be administered with caution always. In common with all potent and useful drugs, anæsthetics have toxic properties, and can kill both from careless administration or from peculiarity of constitution, called idiosyncrasies. Chloroform and ether, the two representatives of this class, can kill in at least seven ways, six of which are to be clearly attributed to mal-administration and only one, the very rarest cause of death, to idiosyncrasy. That one wants no better evidence of the infinitesimally small risk for meeting these cases of idiosyncrasy than in examining the published statistics of the well known surgeons who have administered it for surgical cases, from 10 to 16,000 times without a single accident, to say nothing of the hundreds of thousands of cases in which chloroform has been successfully used in obstetrical practice. He finds accidents occurring chiefly in the hands of the ignorant and the timid; rarely from over dosing, but by far the most frequently from deficient administration; not enough to protect the individual against those dangers of reflex action which can be kept in abeyance only from a sufficient dose, the patient dying from shock or prior to the use of anæsthetics. He decidedly prefers chloroform to ether as equally safe, less nauseous, less irritating, and more efficient.

He has given it many thousands of times, and has never seen an accident from chloroform; in the adult he always precedes the administration with a good drink of whiskey. To this combination of whiskey and chloroform he attributes the very wonderful success which it has had in military surgery amidst the hurry of battle field treatment. In heart diseases, regardless of kind, he looks upon the free and full administration of chloroform as the "strong bridge" which will carry the patient safely over serious operations. He gives chloroform daily to any one who applies to him for a serious operation in eye surgery, his specialty, regardless of the organic disease which may be located in any other organ. He long since adopted the axiom of Syme, of Edinboro'—"Show me a case for serious surgical operation and I will show you a case far chloroform inhalation." He has tried ether, but has abandoned it for the more satisfactory chloroform in which he has absolute confidence as by far the best of known anæsthetics.

SELECTIONS.

RULES FOLLOWED BY MR. SPENCER WELLS, IN THE OPERATION OF OVARIOTOMY.

"1. He permits no inoculation with septicæmia by the visitors who are present, no matter if they be intimate friends. They cannot touch the patient's person, much less her mucous membrane by a vaginal examination; and by their written certificate they are put upon their honour that they have not within a week been even within a suspicious atmosphere.

"2. Similarly, precautions are taken against the chance induction of simple peritonitis. By permitting no examination, whether external or internal, by visitors, a deal of unnecessary stirring up of the patient's pelvic and abdominal viscera is avoided. At such times it is but a sorry compliment to a professional friend to ask him to verify the diagnosis, while abstinence from such manipulation may to the patient make the difference between life and death.

"3. The patient, having been anæsthetised previous to their entrance, sees no stranger. Visitors would instinctively retire at

the close of an operation, but they are too often ushered into the room prematurely, thus causing much unnecessary nervous excitement, which most certainly cannot increase the chance of recovery.

"4 Celerity in this operation, provided time enough be allowed for the completion of every requisite stage, and the closure of all points of hemorrhage, means not *eclat* for the operator so much as safety for the patient, by preventing undue exposure of her viscera and peritoneum to atmospheric irritation and chill. To insure this, skilled assistants are required, who are not only generally, but specially, versed in every possible detail of the operation.

"5. Every minute precaution, if wise, counts towards the result; so that to confine the patient's extremities beforehand leaves the assistants free for other duties, and preserves the operator from stoppage in his work; saves his mind from annoyance, and his thoughts from being turned from the point of the moment. In the same way, perfect neatness and cleanliness, everything being in its place, and that place a matter not of chance but of prevision, helps the result. Napkins soaked with ascitic and ovarian fluid, sticky sponges, puddles of coagula, and instruments coated with half-dried blood, may seem the necessary adjuncts of such an operation, but their absence goes far to keep the operator's hand facile, his mind cheerful, his speed great, and to cause his whole work to be better done.

"6. Other things being equal, the shorter the incision the better, for manifold reasons. To disintegrate the morbid mass from within its substance by the hand passed into the cavity of a cyst is far more judicious than to pull and to twist and otherwise forcibly undertake to deliver it, whether by hand, by forceps, or by both combined. The adjacent viscera are less disturbed in position and less liable to be bruised, the peritoneum receives infinitely greater protection, and there is less traction upon the pelvic ligaments.

"To the other steps of the operation I need not refer, covering as they do ground that is now much more common to surgeons. I used myself to attach great importance to passing the sutures through the peritoneum, as Mr. Wells did in the case now re-

ported, but I have had recoveries when, to decide this question, no suture whatever was used; either the external lips of the wound were simply brought together by adhesive straps, or its internal edges by deep outside pressure of a similar character. And so with regard to the treatment of the pedicle. In this instance it was brought outside, and a styptic antiseptant applied. Recoveries have so constantly followed not merely this method, especially known as Mr. Wells's, but deep tying, whether with silk, catgut, or wire, deep acupressure, the actual cautery, and even other procedures, the comparative merits of which have not been decided, and of which one seems best on one occasion, and another on another, that I do not now discuss them. My aim has been to point out certain general principles, hardly as yet appreciated, which must underlie all constant success; and I am quite sure that in Boston, where the performance of this operation of ovariotomy, perhaps *the* great triumph of modern surgery, was, not many years ago, in Mr. Wells's own presence, pronounced 'a mere matter of taste,' my remarks will be appreciated and their justness coincided in."—*Boston Medical and Surgical Journal*,

The following exhibit of ovariotomy at the Samaritan Hospital, London, is both satisfactory and encouraging:

"The year 1876 has been the most successful on record at the Free Samaritan Hospital—the operation of ovariotomy having been performed fifty-five times with only five deaths. Forty of these were performed by Mr. Spencer Wells, with four deaths; and eight by Mr. Knowsley Thornton, without a death. The fifty-five cases include many in which both ovaries were found diseased and removed; and many of the operations were most formidable from the extent and nature of the adhesions. No case in which the diagnosis of ovarian tumour was made was refused the operation, however bad the prognosis, provided the patient still wished to have the last chance when the extra danger of her case had been fully explained to her. We believe these are the best results yet published, either in hospital or private practice."

A NEW METHOD OF CURING POPLITEAL ANEURISMS.

Dr. Martin Burke, of Bellevue Hospital, contributes a paper to the June number of the New York *Medical Journal*, "upon a new method of curing popliteal aneurisms, by the employment of a conical shot-bag suspended from a height by a rope, the apex of which cone should press upon the femoral artery in scarpa's space, and so cause all pulsation to cease in the aneurism below."

After reporting three cases, successfully treated by this plan, Dr. Burke says:

"I will describe, in a few words, our entire apparatus as it is now in use. The shot-bag should be made of canvas, in the form of a flattened cone, and its apex should measure about one inch in diameter. Either a rounded piece of cork or of India-rubber, one inch in thickness, should be fitted accurately to the inside of the apex of the cone. A long, thin rod, reaching down to and resting upon the rubber in the bag, should be inserted and held directly in the middle of the cone, while shot is being poured around it, and until the requisite weight is attained, say about twelve pounds. A piece of canvas of the requisite size, with a hole cut in its centre for the passage of the rod, is now tightly stitched over the base of the bag. A stout wire hook being now fastened securely both to the centre of the broad base of the cone, and to the rod as it emerges from that point, to prevent it from slipping from its bed, and tabs having been sewed to the conical point of the bag, it is ready for use. And now to suspend it: A small pulley is driven into the ceiling, through which is passed a rope, both ends of which are to be attached to the wire hook in the shot-bag, with this difference, that one end is passed through rings fastened to the rod, and helps, in a measure, to keep it in place. To the free extremity of the outer end of the rope the rubber tubing is secured, and from a hook in its free end a large linked chain connects it with the hook in the centre of the base of the shot-bag. The chain is merely to regulate the amount of pressure which it may be desirable to employ. Such, then, is this apparatus, which is simplicity itself, and which is at the same time certain in its results and comfortable to the patient

in its application. I believe that it is a slight advance, and I trust it may prove a valuable one, in our knowledge of the treatment of aneurisms."

IMPACTION OF GALL-STONES.—In the *Canada Lancet*, for June, Dr. Thos. S. Barclay, of Detroit, Michigan, reports a case of "Impaction of Gall-stones and Obstruction of the Bowel," causing death. A post mortem was made and the gall-bladder was found packed full to distension, with gall-stones, to the number of 700, from the size of a pin's head to a bean. "The cystic and common ducts were entirely occluded, and fibrous bands were attached from the gall-bladder to the bowel, causing constriction of the duct. The smallest probe would not enter the common duct, and the bowel would not admit a common quill. The constriction of the bowel extended from the stomach down to the middle of the descending portion of the duodenum. The liver was somewhat enlarged; the heart small and soft, but no valvular trouble. The stomach was perfectly healthy; all the other organs normal." The patient had been subject to attacks of bilious colic, every few months, which would pass off under treatment.

Dr. Barclay Remarks:—"This case was very interesting from the fact that there was a difference of opinion among the medical attendants as to the nature of the trouble. This was entirely cleared up by the post mortem examination. One lesson which may be drawn from the case is, the importance of a careful examination of the fæces for the presence of gall stones, after these so-called attacks of bilious colic. It is very likely that he passed numbers of them from time to time, but finally their accumulation in the gall-bladder, and consequent pressure, produced inflammation, which resulted in what we found after death. I am persuaded that there are more cases of this kind than generally supposed. Within the past three years I have met with no less than twenty-three cases. The succinate of iron has been very successful in my hands in arresting the formation of these stones."

Intra Uterine Amputation.—Dr. A. Trego Shertzer, of this city, contributes an article to the June number of St. Louis *Medical Brief*, in which, after discarding the generally accepted theories as to the causes of intra uterine amputations, he says:

"How then can we account for the accident or malformation in question?"

"Two theories may be advanced to explain it; and it is possible the accident may occur sometimes in the one way, sometimes in the other."

"First: at a very early period of embryonic life, the principal blood vessel or vessels of the limb becomes occluded either by thrombosis or embolus, and collateral channels not yet being provided, development ceases at the point of occlusion of the vessel; or, second, at a still earlier period, and even before there are blood vessels or nerves, that portion of the protaplasm which should have formed the missing member, from some cause not understood, ceases to proliferate, with the result in question. From the fact, that, upon the stump of the arm or leg that is incomplete, there are frequently found rudimentary fingers or toes, the latter explanation would seem the most probable, unless we are prepared to admit that human embryonic development is governed by a law different from that which attains under other circumstances. These theories are suggested merely for discussion by the profession, from whom I would like very much to have an expression of opinion upon the subject."

Means of Arresting Epileptic Attacks.—M. Nothnagel gives (Berlin. klin. Wochenschift, Nos. 41 and 46, 1876) the case of a workman subject to attacks of epilepsy, in whom each fit was preceded by an aura, occurring usually from a quarter of an hour to half an hour before the fit. The aura was characterized by a peculiar sensation of constriction, the seat and point of departure of which was the epigastrium. The sensation seemed to rise in the throat, and to compel the patient to breathe deeply and rapidly. Then it seemed to descend, and after recurring several times, finally affected the head, which was turned to the

right, when the patient immediately became insensible. He had discovered for himself that on putting a quantity of salt into his mouth, as soon as the aura commenced, he could ward off the attack; a sensation of burning was experienced in the œsophagus, and the affection redescended; a teaspoonful was insufficient; a handful was required. Brown-Séquard arrested, it is well known, attacks of epilepsy in his epileptic Guinea-pigs by turning their heads briskly to the side of the body opposite to that of the medullary lesion; and it would appear that a strong peripheric stimulus will serve the same purpose, as sharp pinching of the skin in the epileptic zone or elsewhere, or the application of a tight ligature to the fingers. In such cases the effect is probably due to a simple reflex inhibitory influence. Prof. L. Meyer, remarking on these cases, states that several years ago, in fact as long ago as 1855, Prof. Nothnagel observed that sulphate of quinine administered a certain time before an epileptic attack was very effective in preventing its occurrence; and, in these days, when intravenous or subcutaneous injection can be so readily employed, this means would appear to be worthy of further investigation. The quantity administered by Prof. Nothnagel was from fifteen to forty-five grains.—*Practitioner.*

A GOOD FAUCIAL STIMULANT.

℞

Hypophosphite of Ammonia,	℥j.
Syrup Tolu,	f℥viii.
Glycerin,	
Water,	āā f℥iv.

To the water and glycerin add the hypophosphite of ammonia, and agitate until dissolved. Then add the syrup tolu and one ounce of freshly powdered cubebs, and agitate well before each dose.

Ordinary dose, one teaspoonful every one to two hours.

We have found this preparation to be a very superior remedy for coughs, colds and hoarseness. Its use in small oft-repeated doses, is very beneficial for preachers, singers, and other public

speakers, to clear the voice, taken for several hours before they appear in public. And instead of causing loss of appetite and constipation, and thereby general derangement, as quite all the patent and proprietary "Lung Balsams" do, and also some of the cough mixtures of the U. S. P., it arouses the biliary organs to increased action, thereby keeping the bowels regular, stimulates and strengthens the digestive apparatus, and thus benefits the patient in several respects, and injures him in none. Besides it is not "bad to take." By using the fluid extract of cubebs, instead of the powder, a more elegant preparation could be made, but it would not be so efficient.—*Pacific Medical and Surgical Journal.*

A New Treatment in Post-Partum Hemorrhage.—Dr. W. Handsel Griffiths, in the *Practitioner*, reports two cases of severe post-partum hemorrhage, in which every known means had been adopted unavailingly, and to which he was called in consultation. He says:—"It flashed across my mind in the first case to try the effect of the ether-spray, and accordingly I directed a large spray over the abdominal walls, along the spine, and over the genitals; the uterus at once responded, and the cessation of the hemorrhage was almost immediate. In the second case I lost no time in adopting a similar treatment, and with an equally successful result. I have consulted several eminent obstetric practitioners in Dublin, and am informed by them that they are not a ware that this treatment has been heretofore proposed. The advantages of the ether-spray over the application of cold water, and the other means usually adopted in these cases, must be patent to every practitioner of midwifery.—*The American Practitioner.*"

Disguising the Taste of Castor Oil.—A modification of the old and favorite mode of administering castor oil in orange juice is offered by Potain. He directs that the juice of half an orange be squeezed into a glass, and after carefully pouring the oil upon this, to add the juice of the other half of the orange, so as to enclose the oil. If pains be taken to avoid mixing the layers, the combination can be swallowed, it is said, without the least perception of the flavor of the oil.—*Louisville Bi-Weekly.*

EDITORIAL.

MEDICAL JOURNALISM IN BALTIMORE.

The Cincinnati *Clinic*, in noticing the first number of the JOURNAL, says:

"This new journal presents an excellent appearance. It is edited by Drs. Manning and Ashby, and contains papers from Drs. Chisholm, Coskery, Arnold, and Brown. We wish the editors the considerable success to which they are entitled. It is remarkable that a city like Baltimore, which contains so many able medical men, should not have been able hitherto to maintain a medical journal. We trust the present venture will be more fortunate. The profession in Maryland have depended too much on their sister city of Philadelphia. Instead of receiving meekly the literature which Philadelphia had to offer, the physicians of Baltimore ought to have created a literature of their own. This attempt at independence ought to be energetically supported by Maryland physicians."

And the Louisville *Medical News* says of it:

"Its first numbers make a good appearance, and contain very readable papers. It is somewhat strange that Baltimore should have been so much behind-hand in journalistic enterprise. We hope her present venture will be successful."

It has long been alike a matter of surprise and regret, to many members of the profession in this city and state, that enterprises of this character, in Baltimore, have not been been better received and more liberally encouraged. Publications of this class cannot and should not be strictly local, yet it is not unreasonable to expect that they should be accorded such a welcome at home as will ensure a favorable reception abroad.

The causes of failure of medical publications in Baltimore have been many and various and we do not now purpose adverting to or discussing them, but knowing and appreciating them we shall endeavor to steer our craft clear of the rocks upon which others have been stranded. The JOURNAL, being independent in every respect, and the organ of the entire profession, in its broadest and most comprehensive

sense, will always be conducted in a manner calculated to win the approval and support of enlightened and intelligent physicians in every clime.

Our success, so far, has exceeded our most sanguine expectations, and we have every assurance that the writing, reading and thinking men in the profession, in this city, and elsewhere in the United States, will continue to lend us such aid as will combine, with the untiring, persistent work that we shall always devote to our enterprise, to make the JOURNAL an honor to the profession and a credit to, and one of the permanent institutions of Baltimore.

In this connection we desire to tender our thanks to our brother journalists for their fraternal welcome, and to those physicians who have, with pen and purse, so generously contributed to the successful initiation of our enterprise and to express the hope that the pleasant relations so auspiciously inaugurated, by their aid, may long continue.

DOCTORS AND THEIR PATIENTS.—A practice obtains, to some extent, among those who, from choice or necessity, engage the services of physicians of getting their services and then transferring their patronage without ever so much as a "thank you." The following from the *Students' Journal*, suggests consideration and some action to meet the demands of such cases:

"How it is that doctors are not paid is a matter of serious consideration for everyone in, or about to enter, the profession. Even when they are paid they have to wait, very frequently, for their money until every other creditor is fully satisfied. Perhaps, in theory, the best way would be for patients to pay their medical man at the time of consultation or at the end of the illness, or, if the illness be of long duration, at stated intervals, for patients have, unfortunately, a bad habit of not remembering the agony they suffered, and how they were relieved by the "doctor," when the bill is due.

> "God and the doctor we alike adore
> When on the brink of danger, not before;
> The danger past, both are alike requited,
> God is forgot and the doctor slighted."

Then, again, how is it that, although everything around has risen in price, yet the fees of medical men are not a farthing more than they were fifty years ago? We pause for a reply."

HEMOSTATIC PROCESS OF NATURE.—It is a fact, well known to all

surgeons, that the bleeding from arteries severed by being crushed or torn is inconsiderable as compared with that when the vessels are smoothly divided, as with a sharp instrument. Many years ago Prof. N. R. Smith, of this city, bought an old horse, laid bare the carotid artery, passed a boot hook under it, and by a vigorous pull broke the artery; the horse bled until he fainted and fell. When fainting took place, the blood as usual ceased to flow. After a while the horse arose, ate grass, and seemed in a fair way to recover. In a few days Prof. Smith killed the horse, took out a portion of the artery and examined it; he found innumerable cracks in the internal coat of the artery, each crack served as a place of attachment for the coagulated blood, which completely filled several inches of the artery. Had the horse lived, this coagulum would have become organized, and have completely sealed up the end of the artery. The same result takes place in the umbilical arteries of the lower animals when broken by violence, and nature seems to provide that the proper place for the cord to break shall usually be the weakest.

THE JOURNAL.—It is with pardonable pride that we direct attention to the superior style in which the *Maryland Medical Journal* is gotten up, both as to the quality, quantity and arrangement of matter and to the typographic excellence which have called forth such warm praise from our contemporaries throughout the country. The following notice of the June number, from the *Baltimorean*, is a sample of the many flattering notices it has received from the press here and elsewhere:

"The second or June number of the *Maryland Medical Journal*, edited and published in this city by Drs. H. E. T. Manning and T. A. Ashby, has been received. Its contents are readable even to a non-professional man, and must be especially so to those whose daily life brings them in contact with the subjects upon which the contributors treat. Such a magazine it seems to us is needed in Maryland, where so many gentlemen eminent in medicine reside, and we do not entertain a doubt of its success. Drs. Manning and Ashby are comparatively young men, but, both by education and experience, are fully qualified for the work they have undertaken, and we wish them much success. The publication is a model of typographical neatness, and reflects credit upon the establishment of Mr. J. H. Foster, noted for its excellent printing.

MEDICAL EDUCATION.—The medical department of the University

of Pennsylvania has adopted a three years' graded course of study, similar to that in Harvard Medical College, with an examination at the end of each year. The salaries of the professors are fixed, and will be paid by the trustees, so that they are no longer dependent on the number of students in attendance. The University of Michigan has decided to lengthen its term to nine months, and there is also to be a gradation of studies extending over a three years' course. It is probable that other schools will adopt similar plans of instruction.

THE REPETITION OF PRESCRIPTIONS containing drastics, emetics, diuretics, emmenagogues, opiates, or other powerful agents is prohibited by a law recently passed in Germany. These can only be refilled at the express directions of the physician who first prescribed them.

Aside from the dangers of abuse and misapplication attending the repetition of prescriptions dangerous, in themselves, if misused, it would be better for both the practitioner and druggist if no prescriptions were allowed to be duplicated except by authority of the physician from whom they were obtained.

MEDICAL DIRECTORY.—Dr. Grover, Secretary of the Board of Examiners of California, is about to publish a complete directory of the physicians licensed by the Board, designating the sources of the diplomas and credentials in every case and the dates when obtained, and also indicating those who have been licensed on examination. It will be a valuable record for reference in all future time. In a few other States medical directories have been published, but we believe that in no other instance is there any complete official record of licensed practitioners. The directory will be valuable also in other States of the Union, as furnishing the means of communication with the regular profession in California.

TRANSFER OF COLLEGE PROPERTY.—The Faculty of the College of Physicians and Surgeons, of this city, has bought the college property, good will, name etc., of the Washington University School of Medicine, on Calvert street, and will deliver the next course of lectures in that institution. The Maternitè, on Lombard street, under the auspices of the College of Physicians and Surgeons, will, we learn, be continued.

BRIEFS.

REMEDIES FOR SLEEPLESSNESS.

1. Opium is indicated when sleeplessness is caused by pain; when irritation of the vascular system is present, antimony and aconite are to be combined with it.

2. Hyoscyamus is of service when sleeplessness depends on disease of the kidney.

3. Chloral hydrate is inefficacious in sleeplessness dependent on pain, though it is a hypnotic *par excellence* in the sleeplessness of fever, particularly in children. This remedy is injurious in ill humor, brain enthusiasm, and in the sleeplessness of melancholy.

4. Bromide of potassium acts as a sedative either on the brain cells or the vessels of the brain; it is indicated in those cases where peripheral irritations are present, and is very beneficial in the sleeplessness which is the result of maladies of the pelvic organs.

5 Alcohol is a powerful hypnotic in those cases in which sleeplessness comes from sorrow, ill humor, and mental disturbances.—*J. Milner Fothergill.*

ETHER AND AMMONIA SUBCUTANEOUSLY.—M. Verneuil injects ether as a powerful stimulant. In a case on which an operation had caused much hemorrhage, and when the next morning the temperature had fallen to 92.3, in spite of brandy and other stimulants, ten drops of sulphuric ether were injected and repeated in half an hour. From this time there was a rally. M. Verneuil thinks ether or ammonia subcutaneously far preferable to transfusion, which latter operation he regards as dangerous notwithstanding its recent vogue. He would recommend this plan even in *post-partum* hemorrhage.—*The Doctor.*

EXTRACTION OF FOREIGN BODIES FROM THE ŒSOPHAGUS IN CHILDREN.—In allusion to a case in which there had been some difficulty in extracting a coin swallowed by a child, Dr. Thouvenin states that in such cases he adopts a very simple measure with great success.

It consists in laying the child flat on his belly on a table, with his head, supported by an assistant, projecting beyond it. The finger is then introduced into the mouth in order to depress the tongue, and the coin slides out along the finger of the operator.—*Bull. de Therap., Medical Times and Gazette, April* 14th, 1877.

Open Dressing of Wounds.—In a recent lecture at the Westminster Hospital, Mr. Davy enumerated his excisions and amputations of the past two years—thirty-three in all, including two excisions of the hip, one amputation of the thigh, five Syme's, and two Chopart's—and all treated by the open method, with not a single death. He states that the results of open treatment are equally as good with the antiseptic system, and he intends to employ it until proofs are brought that there is any better method.—*British Medical Journal.*

The Missouri State Medical Association, held its eleventh annual meeting in Kansas City, April 17th. Dr. F. M. Johnston, of Platte City, was elected president for the ensuing year, and Drs. A. J. Steele and E. W. Schauffler recording secretaries. The next meeting will be held at Sweet Springs, Saline County, on the first Tuesday in June, 1878.

The Nebraska State Medical Society, met in Omaha, June 5th. The following officers were elected: President, L. J. Abbott, M. D., Fremont; secretary, R. R. Livingston, M. D. This society countenances the advertising of specialties in violation of the Code of Ethics.

The Rhode Island Medical Society, held its sixty-sixth annual meeting June 11th. The following officers were elected for the ensuing year: President, Chas. M. Fisher, M. D., North Scituate; secretary, E. M. Harris, M. D., Providence.

The Arkansas State Medical Society, met at Hot Springs, May 1st. The following officers were elected: President, A. A. Carrigan, M. D., Hempstead County; secretary, R. J. Jennings, M. D., Little Rock.

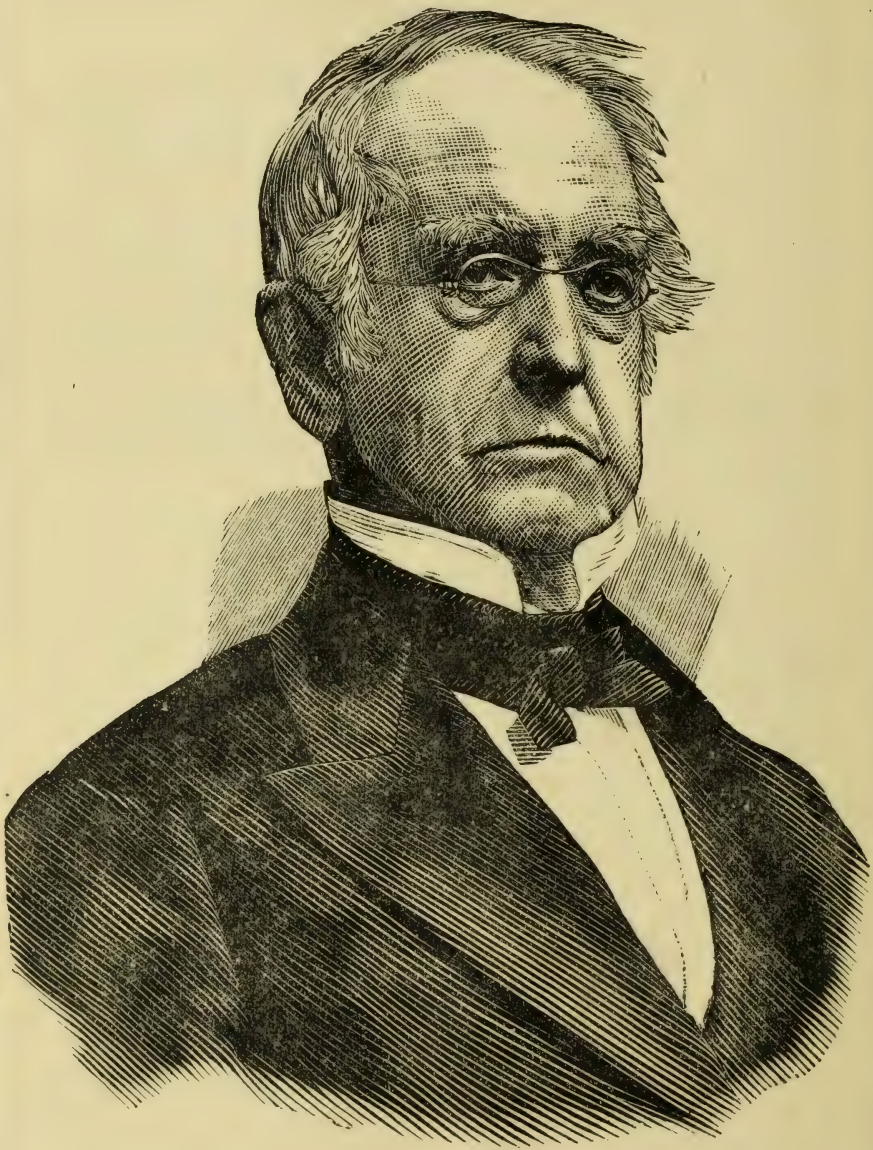
The West Virginia Medical Society, met at Clarksburg, May 30th. The following officers were elected: President, J. W. McSherry, M. D., Martinsburg; secretary, M. F. Hullihen, M. D. Weston, was selected as the next place of meeting.

The Virginia State Medical Society, meets in Petersburg, in March next. Already arrangements for the reception and entertainment of delegates have been made by the Medical Faculty of Petersburg.

The Medical Society of New York, held its annual meeting in Albany, on the 19th. ultimo.

NEW BOOKS.

"The Question of Rest for Women during Menstruation," by Mary Putnam Jacobi, M. D., of New York; parts I and II of "Atlas of Skin Diseases," by Louis A. Duhring, M. D., of Philadelphia, and "The Transactions of the 79th Annual Session of the Medico-Chirurgical Society of Maryland," have been received, with several others, and will be noticed, at length, in a future number. Dr. Duhring's "Atlas of Skin Diseases," is for sale by the Baltimore News Company, and Dr. Jacobi's book is for sale by Messrs Cushing & Bailey.



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ORIGINAL PAPERS.

EARLY SYPHILIS IN THE NEGRO.

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[*Read before the Baltimore Clinical Society, May* 11, 1877.]

Whatever may be the hygienic condition of the negro races of Africa, it is quite certain that their representatives in this country offer less resistance to the inroads of disease than almost any other class of our population. This is especially true of those individuals, whose negro blood is diluted by that of the white races, and who largely outnumber their brethren of full blooded African descent—certainly, at least, in our larger cities. That this general defect of organization exists, is proved not only by the opinions of those persons having opportunities for observation, but also by the experience of the Surgeon-General's Department of the United States Army during our late war. (See introduction to Part I, Medical and Surgical History of the War of the Rebellion.) From this latter it appears that of one thousand colored troops there was an annual death rate, from disease, of one hundred and thirty-three; while of equal numbers of white troops, both regulars and volunteers, the annual death rate, from disease, was thirty-two for the former, and fifty-five for the latter. Without doubt, not a few different agencies were at work in producing this excessive mortality; but for the present, I only desire to call attention to that diathetic condition, which, while not frequently proving the immediate cause of death, has

an immense influence, although remote, in determining the fatal issue in negroes, and complicates to a greater or less extent, the course of nearly all their maladies; namely, scrofula.

The remarks that follow are principally based, then, upon the coëxistence of syphilis and the scrofulous diathesis; and since the course of syphilis in scrofulous individuals has been well known and described, I can hope to bring forward but little that is new. They represent, however, the results of observations upon a number of syphilitic colored persons in the early stages of the disease, (with one or two exceptions, within a year after infection) and, while deficient both in numbers and details, will, it is hoped, suffice to give a tolerable idea of the general tendencies of the malady in the race.

The whole number of cases of primary or early secondary syphilis in negroes treated was one hundred:* of these, the primary lesion was present in forty-five cases, thirty-four males and eleven females.

It may be proper, at this time, to compare with these figures, the number of colored patients applying, during the same period, for treatment of simple, non-infecting chancres or chancroids. Of these there were twenty-four individuals, twelve males and twelve females. According to the summary of M. Puche, this lesion is met with four times as often as the syphilitic or infecting chancre, while other writers make more moderate estimates of its greater frequency. We have here, however, the reversed proportion of two to one in favor of the syphilitic chancre. The small number of my observations may be entirely misleading, and makes any reliable calculations upon this point impossible. It is likely, however, that syphilitic infecting chancres were so frequently encountered, in consequence of certain peculiarities of their symptoms, to be presently adverted to.

The characters of infecting chancres as ordinarily met with, are too definitely known through the closely agreeing descriptions of them in text books, to make more than a brief allusion to them necessary, in order to point out the contrasting conditions as

*Nearly all of the cases referred to in this paper were treated at the Baltimore Special Dispensary, during the past three years.

occurring in the negro patients under consideration. The "superficial erosion" is, by far, the most frequent form assumed by the syphilitic chancre; thus the table of Bassereau, of chancres preceding one hundred and seventy cases of syphilitic erythema (quoted by Bumstead) show one hundred and forty-six cases of "superficial erosion"—Baümler (vol. III, Ziemmseu's Cyclopœdia of the Practice of Medicine, page 79,) describes the superficial erosion as the typical syphilitic chancre, and says that only exceptionally more decided ulceration may take place. Fournier, (Leçons sur la Syphilis, etc: page 148) declares that in the female, at least, the chancre is of the erosive form eight times in ten. Phagedena is agreed by nearly all writers to be quite rare as a complication of the primary lesion. Fournier represents it to be so rare that in the male it is a pathological curiosity, while in the female it is almost unknown.

Let us see, now, how far the primary syphilitic lesion accommodates itself to these rules, when observed in the colored patient. Of the forty-five cases already mentioned, extensive ulceration of the chancre is noted as occurring in twenty-five cases, of which nine were women. It is noticeable that in all except two of the female patients, this condition of the chancres was encountered. I can only account for this fact by the well known liability of the less severe forms of ulceration of the female genitals to escape attention; indeed, I have frequently been amazed to discover extensive disease, where its existence had never been suspected by the patient. This is probably due to uncleanly and careless habits. The superficial erosion was but seldom encountered. In nearly all of my cases, free secretion of pus, accompanied the lesion, even where much ulceration was not present. This tendency to free pus formation, as may be supposed, altered considerably the physical characters of the sores. These were in striking contrast with those usually observed in otherwise healthy subjects. The chancres, instead of the dull gray or reddish coloration; instead of smooth, glazed, inactive bases; instead of flattened, or even elevated surfaces with insignificant or slanting walls; had generally a yellowish or yellowish-gray, color and precipitous or excavated borders, actively secreted a creamy or

thick sanious pus, and were very tender. Instead of being surrounded only by the typical syphilitic induration, they were not seldom so inflamed that this induration was masked by that of simple inflammatory infiltration.

In twenty-seven cases, specific induration, of various degrees of intensity, clearly and definitely existed; in ten cases the presence of simple inflammatory infiltration made it impossible of recognition; and in eight cases it was absent. Two of the last mentioned patients were males, in one of whom the lesion was diagnosed as syphilitic, from accompanying painless multiple inguinal adenopathy, attendance having ceased before further verification of the diagnosis. Unmistakable constitutional symptoms subsequently justified the diagnosis in the second case. In a third patient, a young mulatto man, two chancres, one upon the skin of the prepuce the other upon its mucous portion, while presenting convex surfaces and serous discharge, remained absolutely unindurated until fifty-five days after they were first observed, when, coïncidently with the first appearance of general symptoms, viz: general adenopathy, roseola, etc., induration to the size of small chestnuts suddenly occupied the seats of the chancres. The sores in the other two patients were single and situated, one upon the skin of the prepuce, the other upon the prepuce near the frænum.

The other six patients whose chancres were not indurated were females. These sores were situated upon the fourchette in four cases, upon the posterior commissure in one case, and upon the labium minus in one case. The absence of induration in vulval syphilitic chancres has not been at all uncommon in my experience, and I am confident that the doctrine of its necessary presence ia a common source of error. The diagnosis in the cases above mentioned, rested, in two patients upon painless multiple enlargement of the inguinal glands; one woman had been the subject of inherited syphilis and bore upon her person scars from ulcerations during childhood, and whose central upper incisors were deeply notched. Her chancre was accompanied by indolent, but greatly enlarged inguinal glands and followed by faucial mucous patches and rheumatoid

pains with nocturnal headache. The three remaining cases continued under observation until unquestionable syphilitic secondary manifestations supervened.

Induration of the chancres varied in all degrees of intensity and differed from that usually met with, only in its frequent combination with an inflammatory condition. This complication, besides obscuring the diagnosis, most probably by the discomfort occasioned, compelled that application for relief, which absence of personal cleanliness and solicitude would otherwise fail to effect; and thus, we have, perhaps, a reasonable explanation of the greater frequency of the infecting chancre in these cases. The same combination, undoubtedly, encouraged the occurrence of traumatic phymosis, of which seven cases were treated.

In six cases there was phagedena. The term is here used in its mildest sense. Serpiginous or sloughing phagedena were not encountered. Indeed, in none of these persons (three males and three females,) did the process pass beyond extensive and deep ulceration, not always to the destruction of induration, in two cases burrowing far along the urethra, destroying the vestibule, while a third patient lost a considerable part of his glans penis.

The chancres, which were situated upon the external genital organs, with the exception of one upon the groin, were single in twenty-eight cases, while in seventeen cases there were two or more sores.

Passing now from the consideration of the primary lesion to that of the glands in proximate connection with it, a decided evidence of the influence of the scrofulous diathesis becomes manifest, in their tendency to very pronounced inflammatory action and to the production of pus.

Early inguinal adenopathy occurred in forty-eight cases including four, in which, although in the earliest stages of syphilitic infection, the chancres were not detected. (The adenopathy was absent in one case, while the chancre and general symptoms were present.) In twenty two cases the glandular hyperplasia was quite indolent; there were inflammation and tenderness but no suppuration in fifteen cases; while in twelve cases there was suppuration in one or both groins.

Suppuration of the glands communicating with infecting chancres in otherwise healthy individuals is practically of such rare occurrence, that the indolent multiple adenopathy is probably the most valuable symptom by which we recognize syphilitic infection. It is well known, however, that scrofulous persons are much more liable to suppurative adenitis accompanying infecting chancres, but I am not aware of its ever having been described as of a frequency comparable to that abovementioned. Naturally, then, the course of these adenopathies merits some description.

The only noteworthly peculiarity of the indolent glandular enlargements was the extreme degree to which the parts were often hypertrophied, in several instances occupying the whole inguinal region as huge, nodulated masses in which the glandular outlines could be obscurely felt, and thrusting themselves upon the attention with startling prominence. The fifteen persons whose groins were inflamed and tender without suppurating, offered interesting symptoms, both as regards themselves and as foreshadowing the more advanced degree of inflammation observed in the third series. Several had buboes like those usually accompanying non-infecting chancres ; that is, buboes of irritation, with, however, the superaddition of other glands painlessly enlarged. The great majority had diffused and very large tumors, occupying the surface usually covered by the inguinal glands and forming matted, inflammatory masses in which it was impossible to distinguish any indications of the individual glands. In these cases it was evident that the tumors projecting far beyond the normal level, were chiefly due to the inflammation of peri-glandular cellular tissue. These swellings were exceeding painful for the most part, and incommoded the bearers to such a degree that locomotion became almost impossible, and occasionally compelled confinement to the bed.

Of the twelve remaining cases of primary adenopathy, the smaller number were instances of suppuration of single glands and their surrounding connective tissue, the other glands of the part, while enlarged, remaining for the most part indolent and painless. In the other cases, however, the points of suppuration

appeared, as it were, imbedded in and slightly projecting beyond the mass of matted inflammation, involving the greater part or all of the inguinal area, occasionally of both groins—it being quite impossible to define any glandular outlines. It never happened that the whole mass broke down into pus, but rather that one or two fluctuating points revealed themselves, and when these were incised and their contents evacuated, the surrounding inflammation slowly and gradually subsided. The nature of the pus discharged from these buboes was usually creamy, by no means so serous as that which I have seen from suppurating glands of later stages of the disease. The course of these suppurations was not so tractable as that of simple irritative buboes, but was milder and more amenable to treatment than ordinary scrofulous adenitis, responding with tolerable alacrity to the combined influence of suitable tonic and mercurial remedies. The orifices of the abscesses gradually forming the exuberant everted lips of scrofulous fistulous openings, and contracting finally healed leaving hypertrophic cicatrices.

The number of patients in whom secondary symptoms were manifested was eighty-two. In forty-nine of these infection had taken place six months or less previously; in sixteen cases more than six months and less than one year previously; in six cases more than one year previously; and eleven persons could give no definite information, but were most likely but a few months syphilitic. An enumeration of all the various symptoms displayed by these people, could be of no profit equivalent to its tediousness. I consequently propose to limit my remarks to those of them possessing peculiar interest and especially as showing the influence of the scrofulous diathesis upon them.

During the early stages of constitutional infection, the lymphatic glands, or, at least, those situated in superficial portions of the body, are prone to the same kind of inflammation as are the glands in connection with the primary lesion. Adenopathy other than inguinal and occurring during the early secondary period, was noted in nearly all of my patients, frequently occasioning pain and tenderness. Positive suppuration, however, took place in eight cases. In every instance the cervical or submaxillary

glands were the ones involved, the cervical (principally anterior) glands in four cases and the submaxillary glands in four cases. These glands became greatly swollen and closely resembled ordinary scrofulous inflammation of the same parts, from which they differed in greater amenability to treatment. In healing however, the enlarged, hardened glands remained very persistently.

Roseola was, as might be anticipated, but rarely seen, the normal color of the skin and the insignificance of the symptom usually preventing its detection. When seen it was simply as macules of deeper pigmentation than that of the surrounding integument, not fading upon pressure.

The papular syphiloderm was encountered in twenty-five cases, fifteen males and ten females. The ordinary lenticular papules were most frequently observed, but the small papular syphiloderm also occurred. In two cases the latter form of eruption appeared to be confined to the papillæ surrounding the orifices of the hair follicles of the general surface (not of the scalp); and in these patients the epidermal accumulations at the apices of the papules were unusually abundant and strongly suggested lichen pilaris. The danger of such an error has previously been pointed out as more apt to occur in the negro subject.* In other respects the papular syphiloderm in negroes differs from the same lesion in the white subject only in coloration and in its very pronounced tendency to pass into pustular eruptions. In the early stage of its existence the papule is simply of a darker hue than the surrounding skin; later, this increase of pigmentation is supplemented by a peculiar whitish appearance, which close examination reveals to be the result of a fine desquamation occurring irregularly upon the surface of the papule. This condition has been described by Dr. R. W. Taylor. Still later, from the rapid and continuous shedding of epidermis, the papules may acquire a lighter hue than the rest of the skin, having at the same time a shining, polished aspect. Dr. Taylor has reported a condition observed by him in two negroes, where, in striking contrast with the black surface, was the surface of many of the papules which

*Duhring, Diseases of the Skin, page 452.

were quite white, "in fact nearly of a snow white in spots where the skin was kept clean and of a dirty white elsewhere.† This description has no reference to the fine white desquamation already referred to, but is attributed by Dr. Taylor to an alteration in the pigment cells of the rete Malpighii together with increased cell proliferation. I have never observed a loss of pigment to any thing like this extent.

The following figures indicate the above mentioned tendency of papular lesions to become pustular: In twenty-two cases, fourteen females and eight males, pustules were present either without papular accompaniments or as the prevailing symptom; in ten cases the eruption was papulo-pustular, that is, while the original eruption was apparently papular, the summits of the papules had become pustular; in six cases the same condition existed supplemented by pure vesicles and pustules; pure pustules occurred alone in six cases. ‡It was manifest that the papulo-pustular eruptions would most frequently have been examples of the small papular syphiloderm had it not been for the pus forming diatheses of the bearers. Two of these cases were of distinctly follicular eruptions, advanced stages of the follicular papular syphiloderm already mentioned. Occasionally, upon the cheeks and forehead, little dome-shaped pinhead-sized elevations were noticed, of a color resembling that of a slight admixture of lampblack with white wax and of a very deceptive solid appearance; upon puncturing them however a drop of deep-seated thickened pus could be expressed. They differed from simple acne in speedily disappearing under specific treatment. There was one case of ecthyma and one of impetiginous eruption upon the scalp: the latter was associated with broad flat papules (Syphilide en nappe) and covered the entire scalp with a thick, yellow scab. Smaller patches of impetiginous syphiloderm were several times encountered. There were many cases, where, while papules formed the prevailing eruption, pustules to a limited extent were present.

The course of these pustular eruptions was uniformly benign;

† American Journal, Syphil. and Dermatol., April, 1873.

‡Dr. Duhring has met the "large acuminated pustular syphiloderm" more frequently in negroes than in whites.—Diseases of the Skin, page 464.

the scabs, which formed at an early period were for the most part simple dessications of the pustules, imparting a harsh, raspy feeling to the touch, and falling off, left a thin cuticle already formed or a trifling superficial ulceration which healed immediately. Thus the presence of pustulation was no evidence of special severity of the disease, and generally, no unusual refractoriness to treatment was encountered.

Rheumatoid pains were very often present. Of thirty persons whose joints were principally complained of, the shoulder was affected in thirteen. In some cases where there were swelling and pain with fever, acute rheumatism was simulated. In addition to these cases, however, there were six examples of decided joint effusion, (five males and one female), the knees being the only joints implicated; the left knee three times, both knees three times. The subjects of this lesion were all, except one, in the earlier months of the disease, the one exception being that of a young negro man who had had primary symptoms eighteen months previously. Pain and difficult locomotion were prominent symptoms in every case, causing decided lameness. The effusions were quite extensive and were felt to be uncomplicated by grave inflammation; indeed, there seemed to be no tendency towards destructive changes, and under suitable treatment the effusion, pain and lameness disappeared after somewhat protracted intervals. While I am satisfied that this synovitis is of more frequent occurrence than is usually believed, I think the proportion here reported is much in excess of what will be found in white patients.

It is worthy of note, that although conforming to the rule as to the especial joint affected, these cases developed more severe subjective symptoms, as pain and lameness. (These symptoms were not especially nocturnal in character.) Recovery was perfect in all but one case, still under treatment, where the joint remains somewhat stiffened and doughy to pressure. It may not be amiss, at this time, to refer to the two cases in more advanced stages of the disease, where permanent injury to the joints had taken place. Here, however, the elbows were the joints affected. In one case where syphilis had existed for more than one year, the elbow joint (left) remained stiff in a half flexed

position, while in the second case, after three years of syphilis, both elbow joints were anchylosed, after suppuration and fistulous openings.

Iritis was, likewise, very frequently treated. Eleven cases of this affection were noted. Of these, four were of males and seven of females, all in the first year of syphilis. The right eye was alone involved in three cases, the left eye alone in two cases, both eyes in five cases; in one case I neglected to note the eye affected. The inflammation was speedily followed by resolution in all except two cases. These latter came under treatment, each with great alterations about the eyes. There was double iritis, with much conjunctival and corneal disturbance and with ulceration resulting in staphyloma. Both patients had been very careless and negligent. It is to be regretted that accurate and detailed examinations of the eyes of these patients were not obtained. I am not aware of any reports upon the comparative frequency of iritis in syphilitic patients, but am sure that my own experience gives no such frequency of the affection in white persons.

As is evident, the symptoms here described are mostly such variations as the presence of the scrofulous diatheses would induce. At the same time it is true that these processes do not, as a rule, betray anything like the intractability of purely scofulous affections. Under the influence of appropriate treatment, they heal without much delay, leaving behind, however, so far as concerns the glands, indolent enlargements which linger for indefinite periods, and are liable to renewed suppurative action. This behavior we have a right to expect, for, while the active manifestations of scrofula are chiefly observed in childhood and early youth, syphilis is usually a malady of adult life. Moreover, it must be remembered that lesions generated solely by the scrofulous influence, indicate, of course, an exceedingly pronounced and active tendency of the diathesis. Now, in the cases under consideration, the lesions were evoked by the virus of syphilis, and were to a certain minor extent, influenced by the feebly active scrofulous diathesis. Certainly, syphilis in an individual in whom scrofula is actively manifesting itself, can have only a very unhappy and obstinate course; as, indeed the simple presence of the diathesis

cannot fail to exert itself, to some extent, in combatting treatment and in prolonging and intensifying symptoms.

While these patients did not improve under treatment with the same alacrity as persons more vigorously constituted, they were, nevertheless, generally brought under the healing influence of remedies without much delay. I have never hesitated to employ mercurial preparations and am in the habit of giving them for lengthy periods, with short remissions and intermissions dependent upon the intervention of buccal or digestive symptoms, and I think I have never observed untoward results from the practice. A mild degree of salivation has been produced upon one or two occasions, but gave only little inconvenience and quickly subsided. The administration of the drug was instituted during the primary stage when practicable, but I am unable to form definite conclusions as to the value of this plan.

A treatment by mercurials would, however, be far from complete were the assiduous administration of tonic remedies neglected. These were indeed, essential adjuvants to the specific medicines. During the stage of initial lesion and primary adenopathy, bark and iron, sometimes in very large doses, were of great benefit. After the appearance of secondary symptoms, and, in markedly scrofulous cases during the primary stage, cod liver oil was invaluable. Under such combined treatment, it was not uncommon to see patients rapidly regain vigor and strength; and indeed, the popular theory of the debilitating tendencies of a mercurial treatment found no realization. Treatment of the primary lesion and of special symptoms was instituted according to requirement.

There is, however, in these cases a marked predisposition towards the return of symptoms and constant vigilance in meeting them must be exercised.

PURPURA HEMORRHAGICA.

BY CHARLES F. BEVAN, M. D. PROFESSOR OF ANATOMY AND ORTHOPEDIC SURGERY, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

(*Read before the Clinical Society.*)

The term Purpura, as generally used, is intended to designate a class of troubles, the objective symptom of which is a discoloration of the skin due to hemorrhage into its substance. It is not intended by this definition to include those hemorrhagic eruptions which are so commonly found associated with typhus and typhoid fever, measles, small pox, scorbutus &c., but only to that rather limited class in which the skin lesion itself seems to be free from any serious complication. Two distinct forms are usually recognized: Purpura Simplex, in which the hemorrhage is confined to the skin, and Purpura Hemorrhagica in which blood escapes from some mucous or serous surface. It is my purpose to consider only the latter of these two forms, and especially some points of interest connected with the two subjoined cases which serve to illustrate the usual history and symptoms of this malady.

Case I. Mrs. S., æt. 26, consulted me at my office, on February 21st, 1876. She had suffered from malarial fevers each spring and fall for the past six years, was decidedly anæmic, complained of general debility, shortness of breath, pain in lumbar regions, and general muscular pains or sense of soreness in the limbs. Bowels regular, appetite very capricious, sleeps well but does not seem greatly refreshed by the rest. Temperature normal, pulse 95 and feeble. Had a severe chill yesterday. The case was considered at this time one of malarial fever, for which I had treated her during the summer of '73 at the springs, and she was consequently ordered quinine and iron, with liberal diet and rest. February 23rd. Called to see the patient at her boarding-house; found her more depressed in spirits; had had another chill. My attention was directed now to an eruption over lower limbs, back, neck, and some few spots on the face which had appeared on the 22nd. The eruption was generally of bright red color, about the size of a split pea; did not fade on pressure; some of the spots,

those which were first seen, were of darker color than others. Lumbar pains still continue, rather worse on left side, which is accounted for by the presence of an enlarged spleen. For past twenty-four hours had been obliged to urinate frequently, urine being of very bright red color, depositing a sediment on standing. Examined by microscope was found to contain large quantities of blood globules, renal epithelium and blood casts. Temperature 101° F., pulse 120. Quinine mixture continued and gave in addition fluid extract Ergot ℥j every hour. Diagnosis—Purpura Hemorrhagica. February 24th. Patient's condition about same as above described, the eruption is changing in color, becoming more decidedly purple, some few spots being of a yellowish green tinge. Counter-irritation made over spleen, and Gallic Acid grs. viij every hour, ordered in place of Ergot. February 26. Some improvement noticed; has had no chill since February 22d; urine shows some blood though less in amount than previously; temperature 99° F., pulse feeble, 100. From this date, February 28th, improvement was constant though slow. March 6th. Urine normal, patient going about the room and recovering strength. March 29th. Was examined for last time: the renal secretion was quite normal, spleen still enlarged giving rise to some discomfort. She left for her home in Louisiana the next day, and in a letter received some months afterwards was enjoying fair health though not free from her "ague cake."

Case II. Mr. B., æt. 67, enjoyed excellent health until about eight years ago, when, upon removal to Ohio, he contracted malarial fever. During his residence there he had two decided attacks of Purpura Hemorrhagica—one slight, the other very severe—and about half-a-dozen attacks of Purpura Simplex. For the past two weeks has been "running down," losing appetite, &c. Friday April 13th. Had a violent chill and fever followed by two attacks of epistaxis during the day; both were checked by the application of ice and cold water. Saturday 14th. Hemorrhage from nose began about 7 A. M., blood flowing quite freely; injections of cold water failed. When seen by Dr. O'Donovan at 10 A. M. was bleeding profusely; pulse full, strong and frequent, 120. Astringent injections, Alumen, Persulphate Iron &c., were

ordered, with Quinine and Iron by mouth. Bleeding continued without interruption till 10 P. M. at which time I saw the case. The coagulated blood was removed from the nares; the mouth and fauces carefully examined showing following condition: Tongue slightly furred with blood oozing from two small points; gums red but firm, blood flowing from two teeth in upper jaws both decayed and much worn. Upon the hard palate there were two or three small purple spots about the size of a pea, with the remaining surface of normal color; pharynx normal but covered with blood from posterior nares. Pulse full, and strong 120. Injections were again resorted to, but failing to accomplish any good, we proceeded to plug anterior and posterior nares of right side from which the trouble seemed to proceed. For a short time the plugs promised relief, but as soon as the sponges became saturated with blood the oozing from them was found to be almost as much as before.

Sunday 15th. Patient's condition as above described save that the left nares is now bleeding freely, and that the purple spots on the hard palate are about three times as large as when first noticed, and that the redness has extended to the uvula and soft palate; firm clots have been formed over the bleeding teeth, but oozing continues around the clots. Ergot xx m. hypodermically to be repeated every hour; Gallic Acid grs. v. each hour; Tannic Acid used by spray in mouth and to bleeding points. 2-30 P. M. Plugged left nares tightly; oozing from sponges quite free; mouth bleeding from hard palate; two purpuric spots found on forehead, others on neck, feet and back; bowels constipated; kidneys acting moderately, urine is high colored, (not examined.) 9-30 P. M. Gave Saline Mixture for relief of constipation. Dr. Alan P. Smith was added to consultation; patient's condition unchanged; pulse full, strong 120 to minute; does not show evidence of the hemorrhage.

April 15th, 10 A. M., pulse 130 rather feeble; at 2 P. M. greatly depressed; temperature 103° F.; bleeding continues; faints if moved; was slightly elevated with the effect of fainting completely, *during* which time the hemorrhage ceased, but in about five minutes recurred again, reaction having taken place. 10 P. M.

Discontinued Ergot, and gave Turpentine xx minims in its place; the pulse was now so much depressed, and condition so critical that transfusion was decided upon and preparations were made for it. During the early part of Monday, the throat had become so much swollen, uvula enlarged to quadruple its natural size, tonsils and soft parts of the throat so inflamed as seriously to embarrass respiration, necessarily performed through the mouth; to relieve which condition the plugs were removed from both nares. Urine, at this time, contained large quantities of blood, albumen etc., but no casts.

During the night of the 16th, the patient became extremely weak, voice, skin and pulse evincing extreme depression.

About 2 A. M. of the 17th, a well marked fainting spell ensued, which while lasting only a few minutes, was yet sufficient to arrest the obstinate bleeding.

10 A. M. Patient is inclined to sleep ; pulse quick and weak, 130. Temperature 102.1° F. Takes medicines and nourishment freely, though soft parts of the throat are painful and sloughy. 7 P. M. Temperature 102° F., pulse 130. Purpuric spots still noticeable undergoing changes in color. Patient has become extremely deaf.

Wednesday 18th. Discontinued turpentine and gallic acid, on account of its irritating the stomach, 10 A. M. Temperature 100° F., pulse 100: patient more cheerful; throat not so sore; is using a gargle of Glycerine and Carbolic Acid. 9 P. M. Temperature 102° F., pulse 120.

Thursday 19th. Discontinued the quinine. Temperature 99° F., pulse 100; improving. 7 P. M. Some fever, temperature 102° F., pulse 120. For the next three days the patient's condition remained about the same, being bright and cheerful in the morning with temperature of 99° F., pulse 100, but about 5 P. M. each evening some fever, lasting four to six hours, would come on during which the temperature would range from 101. 5° F. to 103° F. and the pulse from 120 to 140.

Monday 23rd. 11 A. M. temperature normal, pulse 100, patient is not quite so cheerful; complexion rather waxy ; breathing, is very labored and almost purely abdominal, becomes

stertorous as soon as sleep overcomes him; is hardly able to keep awake five minutes at a time; mouth bleeding a little; deafness increased so much that he can not hear the ticking of a watch pressed against the ear. 7 P. M. Pulse 120°, temperature 103. 5° F.; breathing much better; hemorrhage from both nares began at 2 P. M. and has continued ever since; blood shows more tendency to coagulate naturally. Ordered Turpentine m. xv. Gallic Acid grs. v. each alternate hour.

Tuesday 24th. Medicines were continued regularly during the night without effect; 9 A. M. Pulse 120, temperature 103° F.; blood oozing very slightly. 11 A. M. Pulse 120, temperature 102° F.; hemorrhage has ceased; bowels moved twice; urine normal, The spleen was found to be decidedly enlarged; no bleeding recurred after this, but for some 10 days longer the evening temperature would vary from 99° to 101.5° F., pulse from 120 to 130. In fact the pulse did not fall below 90 at any time until the middle of May. The deafness continued to improve slowly after he was able to go about, but is at this time very annoying. The bleeding continued during the first attack about sixty-seven hours; the amount of blood lost was estimated at, at least, one-hundred f℥; during the second attack about twenty-seven f℥ were lost in the space of eighteen hours. A point of interest in this case is apparent want of power in the medicines and agencies resorted to, to arrest the flow of blood, and its final arrest by the mere powers of nature when syncope had ensued.

A letter received from Dr. J. N. Beach, of Ohio, gives me the facts of his former attacks which were strikingly similar to the one described. Dr. Beach says "His spleen was very much enlarged during the time he was my patient." So much for the ordinary history of these purpuric cases.

Causes. These are by no means well known, since different writers seem to attach various shades of importance to some widely different causes. Impure air, indigestible or scanty food and fatigue are spoken of by some. As a sequela to small-pox, measles, scarlatina and rheumatic fever it is occasionally met with. Dr. Graves, (Graves's Clinical Medicine, vol. II, page 362,) has recorded two cases produced by intemperance. Damp lodgings,

malaria, cirrhosis, acute atrophy and cancer of the liver, Bright's disease, amyloid disease of the viscera, syphilis, and prolonged suppurations are considered as conducing to the development of the malady.

Pathological Anatomy. The eruption is undoubtedly due to the extravasation of blood, not the coloring matter merely, into the cutis. Occasionally the hemorrhage is found to have taken place in the cellular tissue and muscles. The examinations of the blood which from time to time have been made, a number not very large it is true, give no uniform result; sometimes it is found purely normal, at others unusually fluid and indisposed to coagulate. In two cases, when examined by Dr. Parkes it was found to contain iron in excess with a general deficiency of solid constituents. The organ of all others most constantly found diseased is the spleen, enlargement being common. Dr. Habershon, (Guy's Hospital Reports, third series, vol. III, 1857) describes cases in which "the spleen was large, of a dull red color, studded throughout with pale yellow spots from one to three lines in diameter, which were connected with the capillary circulation, and consisted of cells, nuclei, and granules." Dr. Ogle, (Path. Soc. Trans., vol. XI, page 269) describes cases of enlarged spleen containing adventitious material, of which the white corpuscles formed a considerable proportion, and alludes to the fact that several of them were predisposed to purpuric hemorrhage. The liver may be normal, or the seat of incipient cirrhosis, acute atrophy, or of amyloid degeneration, all of which conditions have been recognized as pathological lesions. Dr. Wilson Fox, (British and Foreign Med. and Chir. Review,) recorded a most interesting case of purpura occurring in a case of secondary syphilis with severe ulceration of the pharynx and larynx; amyloid degeneration was detected in the spleen, kidney, liver, intestines, muscles, and skin. "Sections of the skin," he says, "near, but not in, the part affected by the bloody extravasation gave either with Schultze's solution, (zinci chloridi et iodidi) with iodine alone, or iodine and sulphuric acid, an intense reddish brown color in portions between the fat, besides corresponding to the course of the capillaries." Similar

reactions were obtained when the muscles, kidneys, spleen and liver were treated with the reägents named.

As to the NATURE of the disease of which the cutaneous hemorrhage is the objective symptom, there does not seem to exist any certain knowledge, though quite a number of ingenious speculations have been advanced in explanation of the phenomena. The close similarity between the symtoms of Purpura and Scorbutus has suggested their possible identity, and that the administration of fresh vegetable food and the salts of potash would prove equally as valuable in the one as the other, an expectation by no means justified by experience. Cases of Purpura do not arise from an imperfect supply of vegetable food; are not met with save as isolated cases and do not present the spongy, fungus-like swelling of the gums seen in Scorbutic patients.

Why the capillaries are ruptured and allow the blood to escape may be accounted for by supposing the capillaries themselves as weakened and diseased, confirmatory evidence for which supposition is found in the case reported by Dr. W. Fox and alluded to above. Such changes in the blood itself as would tend to soften the tissues of the capillaries and the neighboring tissues, would also conduce to the extravasations. The occurrence of Purpura with cirrhosis and other diseased conditions of the liver favors the view expressed by Frerichs, "that there is an abnormal attraction between the walls of the vessels, and the blood, which has become altered in its composition, from which arise obstruction and rupture of the capillaries." (Clin. Treatise on Dis. of the Liver, Vol. I. page 232, New Sydenham Soc.) The presence of bile, or of putrid materials in the blood is known to cause a solution of the walls of the blood discs, to present an obstruction to the circulating fluid, and hence to favor the extravasation of the blood or transudation of the hæmatine into the tissues.

Another explanation and one substantiated by the great frequency of the spleen lesion, is the association of leucocythemia to a greater or less extent with the hemorrhagic forms of Purpura. If we accept the views of Bennett and Virchow, that the spleen and the ductless glands of the body are agents for the production of the corpuscular constituents of the blood, and that the red

globules are in fact the free nuclei of the colorless globules, then whenever these blood-producing agents are interfered with we, should have an altered relation between the white and the red corpuscles. The increased number of the colorless corpuscles would, owing to there greater size, tend towards accumulation in different organs; stasis and obstruction to the circulation giving rise to congestion or even rupture of the capillaries would follow as natural results. In the second case related in this paper, some two or three days after the last hemorrhage had been controlled, examination of the blood, by the microscope, showed a most decided increase in the number of the colorless globules; no special examination of the first case was made, nor was that of the second repeated often enough to attach very much importance to abnormal relationship.

As regards the treatment, but little need be said, since it must be based on the individual peculiarities of each case. Such efforts as look to the correction of dietetic and hygienic errors will be most wisely directed. Iron and quinine, in liberal doses, hold the chief place by usage rather than by virtue of any specific controlling power. For the arrest of the hemorrhage, astringents are to be freely employed. Sulphuric acid is largely relied upon and by German writers regarded as almost a specific. Ergot either by mouth or by hypodermic administration should be fairly tried; its power of contracting the capillaries, and the most excellent results it has yielded in the hands of some distinguished practitioners entitle it to serious consideration. It has not, in my hands however, yielded such results as were expected; in neither of the cases mentioned did it seem to exert the slightest influence whatever. Turpentine, in doses ranging from gtt. xx to ʒss enjoys the most confidence of the profession; it seems to check the hemorrhage if continued regularly. Rest, a generous diet, and change of air are important factors in hastening convalescence.

REPORTS OF CASES.

EPITHELIOMA PENIS.

OPERATIONS BY CHRISTOPHER JOHNSTON, M. D., PROFESSOR OF SURGERY, UNIVERSITY OF MARYLAND.

In the beginning of August 1876, A. B., a light mulatto, aged 53 years, consulted me about an eroding ulcer upon his penis. The disease was situated upon the left corona glandis, and in the corresponding part of the prepuce; was rough, ragged, full of profuse ichor-pus, and very fetid. The neighboring inguinal glands were not, apparently, involved.

My examination of the débris with the microscope satisfied me as to the epitheliomatous nature of the ulcer, which, besides this intrinsic evidence, was largely surrounded with the characteristic neoplastic induration.

The history given was to the effect that about two years previously a small nodule, not in any way associated with syphilitic disease, had appeared upon the glans, had slowly enlarged, and had ulcerated four months before. I proposed amputation, but the patient unwilling to part with his virile organ, refused the operation. At the end of September, however, he renewed his application, and I removed three-fifths of the penis with the écraseur, having first introduced a large gum catheter into the bladder, and secured the tube by means of a stitch passed through the urethra and it at a point behind the intended line of écrasure. After the operation the divided end of the catheter was easily found, and the piece withdrawn.

The man made such a rapid recovery that he was able to have satisfactory carnal intercourse in the month of December.

In February the stump became less pliant; in March was indurated; in April was indurated and tender, and from the urethra exuded a thin, foul secretion, and in May the urethra had become so contracted that difficult catheterism had to be practised, and it was finally split open.

As now epithelioma had recurred in the corpora cavernosa, had ulcerated through the spongy body and urethra, and as micturition had become impossible for the patient unassisted, he consented to the removal of what remained of his former pride, and selected the 26th of May, 1877.

On that day in a private room in the University of Maryland Hospital, assisted by the resident physician, Dr. T. A. Ashby, and in the presence of Prof. F. T. Miles, Prof. T. R. Brown, and the clinical assistant of the house, I proceeded as follows: After etherizing the patient he was posed as for lithotomy. An incision was made in the perineum through the bulb and urethra, cutting upon a grooved staff. The mucous membrane of the urethra was next attached by silver wire sutures to the skin; and the corpus spongiosum transversely divided with scissors at the distal end of the incision one-half inch in front of the triangular ligament and the gap filled with lint imbued with Monsel's solution. Then the scrotum being dropped, the écraseur was applied to the stump of penis drawn out and the upper scrotal skin, and the operation was happily concluded with the ligation of the two arteries of the corpora cavernosa. There was very little hemorrhage.

The dressing was Lister's twelve-per-cent. carbolized boiled linseed oil, a most excellent agent, as many years of experience have shown me.

Desirous of pushing treatment further, on June 1st, I applied solid chloride of zinc to the fragment of corpus spongiosum in front of the perineal transverse incision, to the same part in the bottom of the wound made by the écraseur in front, and to the fenestra of corpora cavernosa now reduced to their pubic attachment. The slough falling, I repeated the zinc application on the 11th June, after which the new slough was cast of, granulations sprang up, the anterior wound cicatrized drawing forward the scrotum, and the perineal boutonnière remained, affording easy exit to the urine, which was, of course, commanded by the bladder at its neck.

On the 7th July, A. B. was dismissed cured.

CORRESPONDENCE.

CANTHARIDES IN GLEET.

Editors Maryland Medical Journal:

SIRS:—I noticed in the *Medical Brief*, for June, an article on "Cantharides in Gleet and Chronic Clap."

About the time I saw this article, I had under my treatment a case of gleet of eighteen months' standing which had resisted all the remedies of several physicians before coming under my notice. I concluded to put the patient on tincture of cantharides and gave guttæ xv. four times a day and with very gratifying results. Improvement began in a short time, and he is now nearly entirely cured, feeling but slight indications that any disease exists at all. I have diminished the dose and feel sure the remedy in this, as in the case reported to the *Brief* by Dr. Cheek, will prove very valuable and effect a permanent cure.

GEO. E. MATTHEWS, M. D.

RINGWOOD, N. C., JULY 5th, 1877.

TRANSLATIONS.

INHALATION OF PHENIC ACID IN CATARRHAL AFFECTIONS OF THE RESPIRATORY ORGANS, BY MORITZ.—In a French Journal the following résumé appears, translated from the Russian: The author noticed that the exhibition of phenic acid in vapor diminished the frequency of bronchial catarrh, and one of his colleagues, Assendelfft, made the same observation. Moritz therefore tried its use on two young children suffering with whooping cough and in a few days they were well. He afterwards tried it in a case of measles; the cough diminished and the patient was much calmer at night. In two surgical cases, with tendency to pulmonary congestion, the cough disappeared completely. On the contrary this treatment proved deleterious in two phthisical patients on whom he tried its use.

In the general discussion which followed the reading of this paper, Sehwers agreed with Moritz that phenic acid controlled cough, be it administered by injection or inhalation. Masing had remarkable success with it in a case of whooping cough of 3 months' standing. Schmitz and other members of the Medical Society of St. Petersburg stated that they had derived excellent results from the employment of this agent.

On the Diagnosis of the Longer Diameter of Pulmonary Cavities. *By Gerhardt, (Verhandlung der Phisik. Medicin. Gesellschaft, in Wurzburg*, 1875.)—Returning to an idea which he had once announced, the author established the fact, that the tympanitic sound of pulmonary cavities can augment or decrease according to the sitting or recumbent posture of the patient. This difference depends altogether upon the change of position, which the contents of the vomica undergoes and it is one of the most certains signs of the existence of a cavity. Thus, he says, imagine a cavity whose greater axis is parallel to the body, and suppose it to be one-third or one-fourth full of liquid. It is evident that the column of air would have less height when the patient was standing than when reclining. The reverse would take place when the axis was directed horizontally. This difference may be wanting when the cavity is perfectly full or empty. It can also be modified or exaggerated by the patent or occluded state of the bronchi opening into the cavern, and also by their relative position to the cavity.

Gerhardt was able to confirm in 10 cases by post-mortem examination, the diagnosis of the longer axis of the cavity, which he had made during life.

All these cases occurred in phthisical patients except one, who had a dilated bronchus.

On the Treatment of Epilepsy by Hypodermic Injections of Bromide of Potassium, by Luigi Frigerio.—His conclusions are as follows: First.—The hypodermic method merits the preference for the administration of Bromide of Potassium, because it does not provoke gastro-intestinal troubles; on account of its economy, and for the reason that the medication is better absorbed. Second.—The hypodermic method prolongs the intervals between the seizures more rapidly than in any other way. Third.—The action of the bromide of potassium is rendercd more efficacious in cases of long standing.

Fourth.—In commencing epilepsy its effects are manifested more promptly than by other methods. Fifth.—Local lesion is not to be feared from subcutaneous injections, for the accident is uncommon and when it occurs it is relatively light. Sixth.—The advantages of this method are so great, in comparison to the danger, that this treatment should be preferred in the cure of epilepsy.

On the Employment of Ergotine in Hemorrhoidal Hemorrhage, by R. Strisower.—Cariére has made a synopsis of this article from the Russian. The author reports a case of an unfortunate suffering with hemorrhoids. For six months he had had hemorrhages, which had resisted all treatment. Only once the persulphate of iron had arrested the flow for ten days. The patient was almost exhausted. Strisower wished to employ the ergotine by hypodermic injections, but the patient refusing, he exhibited the medicine by the rectum—five grains of ergotine to two ounces of glycerine. The hemorrhages did not return and six weeks after the patient had regained his strength for the most part.

J. D. FISKE, M. D., Baltimore.

NEW APPLIANCES.

DR. L. A. SAYRE'S APPARATUS FOR EXTENSION IN POTT'S DISEASE.
APPLICATION OF THE PLASTER OF PARIS BANDAGE.

The proper plan of applying the plaster of Paris jacket is to take loosely woven cloth, such as cross barred muslin, mosquito netting, or cheese-bandage cloth, and cut it into strips three or four inches in width, according to the size of the patient upon whom it is to be used, and then fill its meshes completely by drawing the cloth through and at the same time rubbing into them freshly ground plaster of Paris, such as has not been exposed to the air. The strips are then rolled up into tight rollers after the fashion of the ordinary roller bandage, and are ready for use at any time occasion may require. They should be kept in an air-tight tin vessel.

When you wish to apply a jacket, the patient is to be suspended by means of an apparatus, prepared for the purpose (see Fig. 1 and 2), consisting of curved iron bar with hooks at either end from which pass straps that are attached to pads that go though the axillæ and also under the occiput and chin, and are capable of being made shorter or longer according to the length of the patient's neck. The iron bar is suspended from the ceiling by means of a compound pulley through which gradual extension can be made until the patient is drawn up so that the feet swing clear from the floor.

Previous to the suspension, however, a thin flexible leaden strip should be laid upon the spinous processes for the entire length of the spinal column, and bent into all the sinuosities, so that it may take a perfect outline of the deformity. This strip is then laid upon paper and its outline marked with ink, and we have a perfect mathematical outline of the irregularities along the spinal column. After the patient has been suspended, the same leaden strip should again be applied along the spinous processes, as in the first instance, and another pattern made upon paper by the side of the first.

Now we have a means by which comparison can be made, and we are able to determine exactly what changes have taken place in the curve. The shirt, which should be woven or knit without seams, and

tightly fitting the body, is next pulled down and an opening made in front and rear through which a ribbon or piece of bandage is passed for the purpose of holding in place a handkerchief placed in the perineum, and at the same time making the shirt fit the hips exactly ; for the tighter the shirt fits the less number of wrinkles there will be in it. The roller bandages, previously prepared, are now set on end in a vessel containing sufficient depth of water to cover them entirely, and, at first, bubbles of gas will escape through the water freely. When the bubbles cease to escape, the bandages are ready for use. Then taking a roller in the hand, and squeezing it gently so as to remove

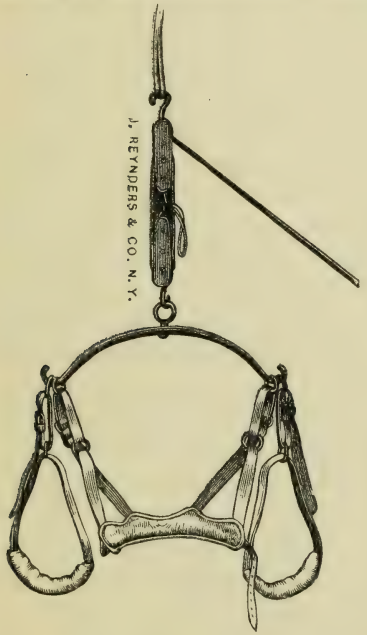

FIG. 1.
Suspension Apparatus with plain arch. Chin-neck and axillary bands are attached to same parts of the arch.

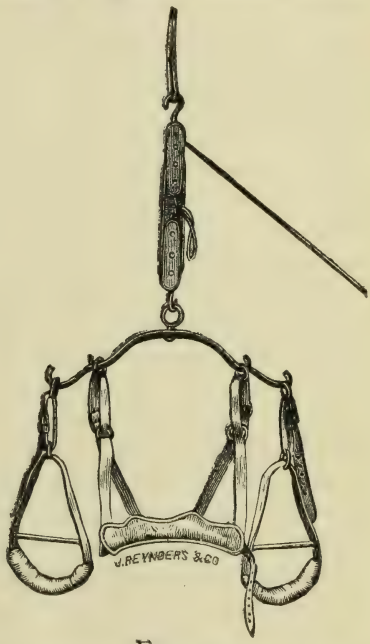

FIG. 2.
The same, with different points of attachment for the axillary and chin-neck bands.

all surplus water, commence just around the smallest part of the body, going to the crest of the ilium and a little below it, and lay it around the body smoothly, but do not draw upon it at all ; simply unroll the bandage with one hand while the other follows and brings it into smooth close contact with all the irregularities of the surface, over the ilium and dipping into the groin over the abdomen and dipping into the groin again, and so on, from below upwards in a spiral direction

until the entire trunk has been inclosed from the pelvis to the axillæ. After one or two thicknesses of bandage have been laid around the body in the manner described, narrow strips of perforated tin are placed parallel with each other upon either side of the spine from two to three inches apart, and in numbers sufficient to surround the body, and another plaster roller carried around the body, covering them, in the manner in which the first bandage was applied.

These few strips strengthen the bandage, and obviate the necesity of increasing its weight by the application of a larger amount of plaster. If there are any very prominent spinous processes, which at the same time may have become inflamed in consequence of pressure produced by instruments previously worn, or from lying in bed, it is well to guard such places by means of little pads of cotton or cloth or little glove fingers filled with wool which is elastic, which are to be placed upon either side of them before applying the bandage.

Another suggestion, which I have found to be of practical value, is to take two or three thicknesses of roller bandage three or four inches long, and place them over the anterior superior spinous process of each ilium. These little pads are to be removed just before the plaster has completely set, consequently leave the bony part free from pressure after the soft parts have shrunken under the influence of the continued pressure produced by the plaster dressing. It is also well, just before the plaster has set completely, to place one hand in front of the ilium and the other over the buttocks, and squeeze the cast together so as to increase this space over the bony prominences. In a very short time the plaster becomes set sufficient so that the patient can be removed from the suspending apparatus and laid upon the face or back on an air-bed, where they are to remain until the hardening process is complete. A hair mattress answers a very good purpose, but the air-bed is preferable, especially if there is much projection of the spinous processes or the sternum.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF HARFORD COUNTY, MD.

The regular semi annual meeting of the Medical Society of Harford county was held at Havre de Grace, on Tuesday, May 8th, 1877, at the late residence of the late Dr. Thos. C. Hopkins, under the auspices and through the hospitality of Dr. W. W. Hopkins. There was quite a respectable number of members and visitors present.

The President, Dr. W. W. Virdin, in the chair.

The names of Dr. S. Atlee Bockius, (M. D. and D. D. S.) and Dr. Wm. P. Taylor were duly presented and recommended for membership; were ballotted for, and unanimously elected.

Dr. C. E. Iddings, who was appointed at the last meeting to prepare a paper for the Society on the subject of "Nephritic Colic," having removed from the county in the interval, was not present at the meeting, but sent an interesting and instructive paper, which was read by the Secretary. The substance of the paper was composed of the relation of a typical case, which had occurred in his own practice. Those of the members who had met with cases of this character—the pain in which is extremely violent so long as it lasts, though the malady, fortunately, is not of very frequent occurrence—were able to recognize at once the correctness of the portrayal given by Dr. Iddings.

In such cases, as related by Dr. Iddings, during the passage of the gravel from the kidney to the bladder, while approving fully of the treatment adopted by Dr. I., Dr. John Evans asked if any of the members had ever tried the efficacy of the hot sitz bath. He had great confidence in it as a muscular relaxant. Dr. Forwood remarked, in reply, that he had met with two or three such cases, and had seen each of them in two or three seperate attacks—for there is a great tendency to recurrence—and he had invariably used the sitz bath in connection with opium and other medicines enumerated by Dr. Iddings, with apparent relief to the patient—so much so that, in any subsequent attack, the patient always got himself into the hot water before the arrival of the physician.

Dr. Wm. J. Evans inquired what prophylactic or preventive

treatment was the best to adopt in cases where there was a predisposition to such attacks. Dr. Forwood and other members thought that could best be determined by a chemical examination of the urinary secretion.—In his experience he had always found it acid—generally lithic acid—and thought that he was usually successful in decomposing it, and thus rendering it innocuous by the use of the Bicarbonate of Soda and the Nitrate of Potassa. He gave fifteen or twenty grains of each combined in water three or four times daily, until the danger of an attack was averted. This treatment met the concurrence of those members who had had experience in this class of cases.

With reference to the administration of Opium, or the Salts of Morphia, so necessary for the alleviation of the acute suffering in this malady, Dr. Jno. Evans advised the hypodermic use of morphia in this complaint, as it acts in this way more quickly, more certainly, and more effectually. This method of introduction is indispensable when the stomach is irritable, and when vomiting is taking place, as so frequently occurs in these cases.

The retiring President, Dr. W. W. Virdin, read his address in which he alluded to the high price of quinine due to heavy duty and the necessity for the passage of the Morrison bill. He also spoke of the dispensing of medicines by apothecaries, and cited a case which came under his personal notice, that had been treated by a druggist, to the serious injury of the patient; thus showing that while the physician was robbed by the druggist of his primary fee, the patient was doubly robbed ; for after paying the druggist, he was then obliged to pay the physician double his original fee to repair the damage done by the improper treatment, and which, possibly, never could be wholly repaired. After directing attention to other matters of interest to the Society, he announced the death, since the last meeting, of Dr. George Thomas Hays, and recommended suitable action thereon.

On motion of Dr. Forwood a committee of three was appointed by the President, to draft resolutions in accordance with the suggestions made in the President's address, on the subject of the removal of the duty on Quinine, to be presented to the next meeting of Congress. Drs. Forwood, Hopkins and Lee were appointed the committee.

Dr. W. W. Hopkins moved the appointment of a committee to take proper action in relation to the death of Dr. Geo. Thos. Hays. The President named Drs. Hopkins, John Evans and Forwood as the committee.

Dr. Cochran referred to the recent death of three well known and

prominent citizens of Havre de Grace—two Mr. Moores, brothers, and Mr. Wm. B. Morgan—men, all of whom were between 60 and 70 years of age, all of whom were accustomed to about the same kind of life—fishermen—and all of whom died within a week or two of each other, and of the same disease—apoplexy—and suddenly, The cases were interesting to those who were acquainted with the gentlemen; but no facts could be elicited from the members regarding Dr. Cochran's inquiry as to the bearing of the character of the occupation of the deceased upon the production or causes of the malady of which they died.

Dr. H. Clay Whiteford related a highly interesting case, which he regarded as spinal congestion, now under his treatment. The patient had become a great sufferer since last September, having been confined to the house all that time until within the last month or so. During the first several months of his sickness he was under the care of another physician. Only recently had Dr. W. prescribed for him; and he explained his treatment. The patient was now, whether from the medicine or not he would not say, decidedly better. Several members made remarks upon the case, but none had any experience with the treatment pursued.

A motion was adopted requesting Dr. Whiteford to report the progress of this case at the next meeting of the Society; especially with a view to the confirmation of the diagnosis, and of the efficacy of his treatment.

A committee was appointed for the nomination of officers for the Society for the ensuing year, and for delegates to represent the Society in the National and State Medical Associations. The committee reported the following names, which were adopted:

Officers: President—Dr. W. Stump Forwood; Vice-President—Dr. W. W. Hopkins; Treasurer—Dr. R. D. Lee; Secretary—Dr. H. Clay Whiteford.

Delegates to the American Medical Association: Dr. John Evans, Dr. S. B. Silver, Dr. John M. Finney.

Delegates to the Medical and Chirurgical Faculty of Maryland: Dr. W. W. Virdin, Dr. John H. Cochran, Dr. James M. Magraw.

The committee appointed to express the sense of the loss sustained by the Society in the death of its late President, Dr. George Thos. Hays, reported through their chairman, Dr. John Evans.

Whereas, The hour having arrived, which an over-ruling Providence fixes for the termination of each human life, our friend and brother

Dr. George Thomas Hays, in the midst of his labors for the relief of human suffering has, without a murmer in opposition to the Divine will, quit these mundane scenes, fully prepared for the enjoyment of such celestial happiness as may be provided for those who properly perform their duties in this life, according to the light that has been afforded for their guidance,

Therefore be it Resolved, That, while we attempt no vain efforts to repress the feelings of sadness and sorrow which are naturally excited when our friends, who have walked with us in this life, are taken away from our mortal sight forever, yet we are comforted by the reflection that they have fulfilled the duties devolved upon them here, and unhesitatingly depart in compliance with the inevitable summons.

And also be it Resolved, That our Society expresses its heart-felt sympathy to our brother's family, trusting that our respect for his professional standing, and our esteem for his virtues, may afford them some comfort for the greater loss which they, as widow and orphans, must necessarily sustain.

Resolved further, That the Secretary be instructed to present a copy of these resolutions to the family of the deceased.

Dr. W. Stump Forwood then delivered a brief eulogy on the deceased.

The Society then adjourned.

H. CLAY WHITEFORD,
Secretary.

BALTIMORE CLINICAL SOCIETY.

Meetings of the Clinical Society were held in April, May and June, the President in the chair, when interesting specimens were shown and cases were related.

Dr. Theobald showed a new gauge for lachrymal probes including, a series of 16 numbers, ranging between the fourth of a millemetre and four millemetres.

Dr. Morris showed an enormously hypertrophied heart from a man over sixty years old. It weighed fourty-four ounces, the walls of the ventricles being exceedingly thick and tough. There was stenosis of the mitral valve with slight dilatation of the auricles.

A discussion was opened by Dr. Tiffany in regard to the relative

use of chinchonidia and quinia. It seemed to be the opinion of the majority that chinchonidia, in some-what larger doses, was as good as quinia besides being much cheaper.

Dr. T. R. Brown related a case of chorea, in a girl ten years old, of three years standing, which had been markedly benefitted by the administration of arsenic—Fowler's solution. It was given at first in three-drop doses, terdie, increased gradually to seven drops.

Papers were read on "A case of dislocation of the ulna inwards," by Dr. Latimer, on "Diphtheria" by Dr. Hill, and on "Herpes Zoster" by Dr. Chew. The case of dislocation was one of great interest, they being very rare. A stout woman, while washing a window, fell, striking her elbow on a chair. She was seen by a number of physicians and various diagnoses were made. Dr. Latimer saw her three months after the accident and making it out to be a case of inward fracture of ulna, put the woman under proper treatment, which resulted in union of the fracture with use of arm in all directions excepting complete extention.

Dr. T. R. Brown exhibited the bones of the leg below the knee. The leg had been amputated after an accident by which it had been crushed. An abscess had formed far up the leg, and the pus had burrowed its way between the bones till it reached the ankle, and here a considerable degree of necrosis had followed.

Dr. Coskery showed a heart greatly dilated, and an abscess in the liver. The liver had been taken from the body almost entirely degenerate and the colon, in which there was perforation, was firmly bound to the cœcum.

Dr. Lynch in a paper on "The diagnostic value of certain cardiac symptoms in Bright's disease and uræmia" called attention to the muffling of the first sound of the heart. This sign could often lead us to suspect kidney trouble, even in the absence of other symptoms

Dr. Tiffany related a case of a woman, a prostitute 35 years old, on whom he had performed colotomy. She was admitted into Bay View hospital with a recto-vaginal fistula, which had been operated upon unsuccessfully some three months before. The fistula had increased in size. Upon making a thorough examination, Dr. Tiffany found a stricture of the rectum and a large crop of cauliflower-like growths which were the result of successive reinoculations from a chancroid. The condition of the woman was getting from bad to worse: there was a large discharge of very offensive pus and blood from the rectum and vagina, while the fæces passed per vaginam. The stricture was

first ruptured, which gave great relief so that the patient went away from the hospital. She soon appeared again, however, and in such a condition that colotomy was determined upon as offering the only hope for the patient. Dr. Tiffany called attention to some anatomical peculiarities which presented themselves during the operation. Upon cutting down upon the colon it was seen to rise and fall during respiration, nor could it be rolled around sufficiently to find the transverse markings. These could be only brought to view by moving the colon up and down.

In many operations upon the dead Dr. Tiffany found the meso-colon to differ greatly upon different subjects. According to his investigations, no rule respecting the movability of the colon could be given.

Dr. Bevan opened an interesting discussion on "Purpura Hemorrhagica." In a case which Dr. Bevan related nothing stopped the hemorrhage till the patient, utterly exhausted from loss of blood, fainted. Under the head of treatment a lively discussion arose as to the use and abuse of ergot.

Dr. Arnold advocated the use of the fluid extract of ergot in large quantities. He had ordered the drug in very large doses, and never had seen ergotism produced. To illustrate his point Dr. Arnold related a case in which he had given f ℥ j to a child ten days old with benefit. He had been called in to see a woman who had taken f ℥ 8—half a pint—to produce abortion. Grave cerebral lesions followed but the woman recovered without ergotism. Dr. Tiffany, on the other hand, had seen ergotism produced by the administration of f ℥ j every three hours successively for 24 hours. The patient lost the toes.

R. B. MORISON, M .D.

BALTIMORE MEDICAL SOCIETY.

May 28. The Society met with Dr. Judson Gilman, President, in the chair. Under reports of cases Dr. A. Friedenwald reported a case of a young lady having a phlegmonous condition of the eyelid producing narrowing of the field of vision and other symptoms simulating glaucoma. Sometimes glaucoma is marked by other conditions.

Dr. G. Lane Taneyhill reported a case of a primipara which illustrated the principle of interference or non-interference in labor. He was called to see the patient and found her in labor with an arm presentation; he placed her in the head and knee posture and pushed the arm back in

the uterus with the hope of changing the position of the infant which he accomplished and delivered by feet presentation. After this delivery the patient gave birth to a second infant which was delivered in the vertex presentation with the forceps. There was a single placenta with two cords.

Dr. Charles Jones reported a case of eclampsia in which the forceps were applied and a living infant delivered. Convulsions ceased almost immediately and both the infant and mother did well.

Dr. L. McL. Tiffany read an interesting paper upon, "Deformity in the third stage of Coxalgia." He showed, by the exhibition of pathological specimens and reports of cases, that shortening of the limb is not always due to dislocation, as was formerly held, but to changes in the head and neck of the femur The hip is more inverted in true dislocation than in conditions caused by hip disease.

Dr. John Morris reported a case of supposed ovarian tumor which was afterwards regarded as an enlargement of the spleen. He presented the history of the case and asked the views of the society as to the true nature of the affection.

SELECTIONS.

THE USE OF WATER TO RELIEVE PAIN.

The hypodermic use of water for relieving pain continues to afford an interesting object for experiment. The evidence in its favor could not be stronger, although little attempt is made to explain to us why or how water should quiet pain. Dr. Lafitte of Nantes has used water subcutaneously since 1872, when he succeeded in immediately relieving pain in a woman who was suffering most acutely from lumbago. Eight grmm. of distilled water was injected, and the pain did not return. In cases of sciatica, supra-orbital and facial neuralgia, as well as in intercostal neuralgia and rheumatic affections of the joints, he has found water injected subcutaneously quite as useful as morphia. Dr. Pillet speaks highly of hypodermic injections of water in lumbago and intercostal neuralgia. Dr. Lelut says that for the last three months he has used the pure water injections, with the best re-

sults. He relates how he came to use it. His servant one day upset the bottle containing his morphia solution for subcutaneous injections, and, to conceal her clumsiness, filled withthe bottle ordinary water. Dr. Lelut, not knowing this, injected the water into the thigh of a patient who was suffering severely from sciatica, and whom he was treating by the subcutaneous injection of morphia. The patient was astonished at the instant relief of the pain, and said: "What kind of a liquid is this you are using which causes me no uneasiness or no sickness at the stomach like the former?" Since then Dr. Lelut has used nothing subcucaneously but water.

Dr. Dresch praises the usefulness of this injection, especially in muscular rheumatism. He also tells of a case of osteo-sarcoma of the thigh, in which he used daily 60 ctgm. of morphia subcutaneously, chloral, cicuta and other remedies, and where hypodermic injections of water succeeded in relieving the pain quite as well as morphia, without producing the disagreeable constitutional effects of that drug. Dr. Dresch does not use simple water, but prefers peppermint water.

Dr. Burney Yeo, of London, says he found subcutaneous injections of water useful in relieving the pain of a patient suffering from thoracic aneurism.—*Western Lancet.*

Extirpation of the Uterus.—Dr. Noeggerath performed the operation of extirpation of the uterus at Mount Sinai hospital New York on May 11th. The patient suffered from cancer of the fundus. The operation consisted in cutting though the vagina, anterior to the cervix, and separating the uterus from the bladder. The galvanic knife was then used to divide the vagina posteriorly. A large gum-elastic catheter, armed with a ligature, was then carried up along the anterior and down the posterior surface of the uterus, entering in front of the cervix and emerging behind it. To this was attached the chain of the écraseur, which was tightened, and gradually one side of the uterus was freed from its attachment. A similar procedure resulted in separating the attachments on the other side, and then the uterus readily

slipped out of the vagina. On examining the uterus the cervix was found to be perfectly normal. In the fundus, however, a cancerous mass was found, which extended down to the os internum. During the operation only a slight amount of blood was lost. This was due, in great part, to the fact that after incisions were made through the vagina a steel dilator was used, so as to enlarge the openings sufficiently to admit of the ligature and chain of the écraseur being carried around the fundus.—*N. Y. Medical Journal.*

Treatment of Croup by Eucalyptus.—Dr. Walcker (*Gazette Medicale de Strasbourg*, January 1st, 1877) treats pseudo-membranous laryngitis by tincture of eucalyptus globulus. He begins by an emetic of ipecacuanha, of which the dose varies according to age. This emetic is given morning and night once. He no longer employs tartar emetic in these cases, because it produces too much depression and causes diarrhœa more often than ipecacuanha. This emetic relieves at the outset the gastric disturbance which ordinarily accompanies croup, calms the fever a little, and gives immediate relief. It can only act in this way, and it is incapable of expelling the false membranes. Two hours after the emetic, he gives every hour a teaspoonful of a syrup composed of 38 parts of simple syrup and 10 parts of tincture of eucalyptus for infants. He has given as many as fifteen to twenty teaspoonfuls in the case of a child six years old. When the patient sleeps at night, he should not be awakened. At the same time Dr. Walcker gives, as food, milk, coffee, eggs, and sopped bread. This alimentation is necessary; for cases of general diphtheritis or localized croup occur much more often in delicate children, with more or less scrofulous and lymphatic temperament and a feeble and delicate constitution, than in full-blooded, strong, and robust children.—*Brit. Med. Journal.*

Professor Esmarch on Cancer.—In a recent lecture this eminent surgeon spoke upon the treatment of cancer. A large number of drawings were exhibited, showing the various cases

that had been met with during the course of Dr. Esmarch's professional career. He advised that cancers of the tongue, and also most of the malignant growths, wherever occurring, should be treated by means of arsenic and iodide of potassium, internally and externally, before proceeding to an operation. The speaker had frequently seen cancer originating upon a syphilitic basis, and often where the syphilis had remained latent for a long period—from twenty to forty years. The lecture closed by an appeal to each member to collect all the material in his power, and so see if it were not possible, by a division of labor, to arrive at some definite conclusions on the question of malignant neoplasms.—*Med. and Surg. Reporter, Philada.*

Milk Secretion checked by Opodeldoc.—Dr. R. Monti reports the case of a woman who had nursed her child for eight months, and who had neuralgia in the right forearm, followed by stiffness and pain on motion. To remove the latter, opodeldoc was rubbed on the palmar surface of the forearm. The evening of the same day the secretion of milk was very considerably lessened. The next day opodeldoc was again used, and again the secretion of milk diminished at night. This was repeated as often as the liniment was used, and the secretion returned when the former was discontinued.

Monti also remarks that his wife was attacked, during the fourth month of nursing, with a mastitis of the right breast, which prevented her from nursing with it. Opodeldoc was rubbed into the right arm, and the secretion from the corresponding mamma was at once diminished.

Dr. Monti is unable to say whether the effect was due to the camphor or to the ammonia of the liniment.—*N. Y. Med. Jour. Trans. from Annali Universali di Med., No. 235.*

Automatic Reduction of Luxation of the Head of the Femur.—In the July number of the New York *Medical Journal*, Dr. A. B. Crosby described a case of automatic reduction of luxation of the head of the femur, which he accomplished by means of a

method practised by Dr. Allen, of Vermont. The method consisted in flexing both legs at right angles to the thighs, and both thighs at right angles to the abdomen. When in this position, the operator, by means of hands placed beneath the knees, lifted the patient off the bed and by gradually swinging him from side to side the dislocated head of the femur slipped into the acetabulum.

Dr. Allen devised the method accidentally, in the following way: He was lifting a patient from one side of the bed to the other and while holding him until the clothing was arranged, the bone slipped into the acetabulum.

Capillary Drainage in Anasarca.—Dr. Southey described to the Clinical Society of London, at their meeting April 27th, his method of drainage in general anasarca. He uses silver canulæ about the size of hypodermic needles, and attaches to them, after introduction, a capillary rubber tube conducted into a pan beneath the bed. A surprising amount of serous fluid, he had found, could be withdrawn from a single tube in each leg. The method is cleanly and free from discomfort to the patient.—*New York Medical Journal.*

To Make Leeches Bite Promptly.—Place the leeches in a glass half full of cold water. Cleanse the part to which they are to be applied carefully, with warm water, and then apply the glass containing the leeches to the part. They attach themselves with surprising rapidity. The patients often speak of the bites appearing to be simultaneous. When the animals have all become attached, allow the water to escape into a sponge or cloth, so as not to wet the patient.—*Canada Lancet.*

Sir Thomas Watson, M. D., though now in his 86th year, continues to write for the scientific and literary journals with all of his wonted grace and force of style.

NATHAN RYNO SMITH.

On Tuesday, July 3rd, the medical profession, in this city and state and throughout the entire country, was called upon to mourn the loss of one of its most distinguished and honored members, Prof. Nathan Ryno Smith, who, after having spent the "allotted time to man" in faithful service, quietly breathed his last at his residence in this city, on that day. During the half century, which has just passed, no one has occupied so distinguished a position in his profession and in the affections of a community as has Prof. Smith, or has labored more diligently and successfully in the cause of science. Ripe in experience, in years of usefulness, beloved, admired, and honored, his memory will long be cherished and loved as one of the great benefactors of his race. Though taken from us he still lives in the good works he has left behind him, in the fruits which his genius have left as a rich legacy to science.

We present with this number a correct likeness of this great man, together with the following brief sketch of his life which will be read by the profession with interest and profit:

Professor Nathan Ryno Smith was born in the town of Cornish, New Hampshire, on the 21st of May, 1797. His father, Professor Nathan Smith, was at that time Professor of Medicine in Dartmouth College, New Hampshire. In 1813 the father was elected Professor of Surgery and Medicine in Yale College, and soon after removed to New Haven. Young Nathan Ryno passed his boyhood, and received his early education in Hanover, New Hampshire. He entered the freshman class of Yale College in 1813, and received his degree in 1817. The class to which he belonged, numbering about sixty, was distinguished for talent and scholarship, and many of its members in after years became eminent in their respective professions, among whom may be mentioned: Judge C. J. McCurdy, of Conn.; J. Prescott Hall and Bishop Delaney, of New York; Prof. Baxter Dickinson and Judge Spaulding, of Ohio; and many others. When quite young the future surgeon exhibited a decided turn for literary composition, and in his junior year produced a five-act comedy, entitled "The Quixotic Philosopher," which was acted with great applause at the junior

exhibition, the author himself taking one of the characters. It gave him no small reputation at the time as a humorist, but, unfortunately, no copy of it is now in existence. After receiving his degree, Mr. Smith went to Virginia, and accepted the position of classical tutor in the family of Thomas Turner, of Fauquier county, a gentleman of worth and high social position. He spent about a year and a half in the South, and then returned to New Haven and commenced the study of medicine under his father in Yale College, taking the degree of Doctor of Medicine in 1823. In his inaugural thesis, which was upon the "Pathological Relations of the Blood," he advocated the doctrine that modifications of the conditions of that fluid due to the absorption of poisons or changes otherwise induced were often the first elements of disease, contending against the theory then prevalent that all primary morbid impressions were made upon the nervous system exclusively.

In the spring of 1824, Dr. Smith then twenty-seven years of age, established himself in practice, in Burlington, Vt., devoting himself especially to the surgical department of the profession, for the cultivation of which he had enjoyed special advantages in witnessing his father's practice and assisting him in operations. While residing in Burlington he married Juliette, the daughter of Mr. J. Penniman. In the following year Dr. Smith was appointed Professor of Surgery and Anatomy in the University of Vermont, and organized the medical school of that institution. Anxious to avail himself of every opportunity to enlarge his profession and knowledge, Prof. Smith spent the winter of 1825 in Philadelphia attending the lectures of the eminent professors of the University of Pennsylvania. He also enjoyed the advantage of the acquaintance of Prof. George McClellan, a zealous and able teacher of anatomy and surgery. At this time Prof. McClellan and other distinguished members of the profession were engaged in organizing the medical department of Jefferson College in Philadelphia, and at their invitation Prof. Smith accepted the chair of anatomy, the duties of which position he filled for two years.

In 1827, the chair of surgery in the School of Medicine of the University of Maryland having been vacated by the resignation of Prof. G. S. Pattison, the place was offered to Prof. Smith, who, believing that Baltimore was a better field for enterprise than Philadelphia, accepted. The year after his removal to Baltimore his father died, full of years and honors, but leaving a family unprovided for, owing to his extreme liberality. Prof. Smith at once took charge of them,

and proceeded to educate his younger brothers. Soon after his connection with the University of Maryland Prof. Smith invented and gave to the profession his well-known instrument for the easy and safe performance of the operation of lithotomy, up to that time one of the most dangerous and difficult of operations. About this period he also published a voluminous work on the surgical anatomy of the arteries, illustrated with many plates. The work was well received in this country and Europe, and went through several editions. He also contributed largely to the medical journals of the day.

In 1838 there occurred an interregnum in the government of the University of Maryland, due to a contention for authority between the trustees, and in consequence Prof. Smith resigned, accepting a chair in Transylvania University, Lexington, Ky. In 1840 the University of Maryland was re established, and he resumed his chair. The graduates of this institution bear evidence to the fidelity and ability with which Prof. Smith continued to discharge his duties during the half-century he was there. He always lectured extemporaneously, and was exceedingly plain and concise in his explanations. His large experience had richly stored his mind with information, which an admirable memory reproduced without an effort. In this long period the important surgical operations performed by him were very numerous. The operation of lithotomy alone he performed some two hundred and fifty times with success.

About the year 1860 he invented and introduced his apparatus for fractures of the lower extremities, termed the anterior suspensory. This is different from anything before employed in surgery, and its simplicity is as remarkable as its efficiency, while it gives perfect and gentle support to the fractured limb and allows the body to be moved any way at will. It is now used in all parts of the world, and the most eminent European surgeons have written in its commendation. In gun-shot wounds of the lower extremities this apparatus has greatly reduced the number of amputations.

In 1867 Prof. Smith visited Europe, where he received most flattering attentions from distinguished members of the profession in Paris and London, and on his return to Baltimore was welcomed by the whole profession of the city with a banquet and other demonstrations of respect. In March, 1870, Prof. Smith resigned his chair in the University of Maryland and devoted himself exclusively to his private practice. A few years ago he published, under the name of "Viator,"

a small volume, entitled "Legends of the South," consisting of romantic and legendary stories of Virginia and Kentucky.

Of Prof. Smith's usefulness to the human race a volume could be written. He was instrumental in founding colleges of medicine which now flourish as his noblest monuments; he extended the boundaries of the science he taught, and at length acquired a rank both as a teacher and a practising surgeon which was second to none in his time.

It is a somewhat surprising fact that his father before him was one of the most distinguished American surgeons of his day, and that his son, Prof. Alan P. Smith, who succeeds him, has a splendid reputation as a physician and surgeon, so that the three generations have been eminent in the same direction.

In addition to his immense practice in Baltimore, he has been called to visit professionally almost every town in the State, as well as many distant places in other States. Thus his life has been one continued scene of active, laborious and useful exertion. His acquaintance was not only extensive, but reached to every rank in society. The poor knew him as their benefactor; the rich as their skilful, attentive physician; the rich were honored by his society, and the wise and the good received him as their friend and companion. His influence over medical literature was extensive, especially as exerted through his large acquaintance among medical men, by his advice and example, through the medium of the various schools where he taught. Just as it was said by a distinguished professor on the death of Prof. N. Smith, his father, that he had "done more for the improvement of medicine and surgery in New England than any other man of any time," so it is the generally accepted sentiment now that Prof. N. R. Smith, the son, did more for the amelioration of human suffering than any doctor of his generation. One of the faculties of his mind was a keen, discriminating inquisitiveness into everything submitted to his inspection; another the very retentive memory which enabled him in his last years to refer to the minute circumstances of cases attended fifty years previously; and yet another, the power of reducing all the knowledge he acquired to some useful, practical purpose. His moral courage was undaunted, and when he had assured himself he was right, he went ahead, regardless of censure. In him kindness was an inherent quality, springing from the benevolence of his nature. In all his intercourse with the sick the kindness of his heart beamed on his countenance, and the assiduity of his attention was unremitting.

He was an exemplary citizen, and the purity of his mind was a predominant characteristic. He had strong social feelings and habits, and was free in his intercourse with friends. In the practice of his profession his accuracy, rapidity and decision were marked qualities.

MEETING OF THE MEDICAL FACULTY.

In response to a call for a meeting of the Medical and Chirurgical Faculty of Maryland, and of the profession at large, to take action in regard to the death of the late Prof. Nathan R. Smith, the members of the profession assembled in the chemical hall of the University of Maryland, on Wednesday July 4th, at 12 o'clock, M. Dr. Abram B. Arnold, president of the Faculty, called the meeting to order with the following remarks:

"The sad duty has been assigned to me, as the presiding officer of the Medical and Chirurgical Faculty of Maryland, to convene its members and request the attendance of the profession in general, in order to give due expression to the great loss sustained by medical science in the death of Professsor Nathan R. Smith, I need hardly add that it is no ordinary occasion that brings us together to-day. The departed occupied the front rank among great surgeons, eminent physicians and teachers of medicine, and neither age nor bodily infirmity could weaken the singular powers he displayed, or the zeal and devotion he exhibited in the discharge of his manifold and responsible duties during a long and brilliant professional career. His many excellent and noble qualities, both of public and private character, endeared him equally to his professional brethren and to the community in which he lived. The chair is now ready to entertain such suitable resolutions as may be offered."

Dr. S. C. Chew moved the appointment of a committee of ten to draft resolutions appropriate to the occasion.

The resolution being seconded and adopted, Dr. Arnold named the following committee: Drs. S. C. Chew, John Morris, W. C. Van Bibber, James A. Steuart, F. E. Chatard, Sr., N. L. Dashiell, John Whitridge, Robert J. Ward, James Montgomery and Andrew Hartman.

The committee retired. After the return of the committee its chairman, Dr. Chew, preliminary to offering the resolutions, spoke as follows:

"*Mr. President, Gentlemen of the Medical and Chirurgical Faculty, and of the Medical Profession*—We have come together to do honor to one who has made for himself an ever honorable fame, to render a tribute of praise to him whose praises are in the mouths of multitudes; and to inscribe on the roll of departed worth a name which is known and will be known wherever the science and the art of surgery afford to suffering humanity a rescue and a relief. It is not necessary now and in this assemblage to enter into any detailed and minute analysis of those qualities of his mental and moral nature which made Dr. Nathan Ryno Smith what he was; and the time would fail us to do so. We all know them well; for how many of us here present have had occasion to observe in him to our own profit the working of those gifts with he was so preëminently endowed—the acuteness of perception, the wonderful fertility of resource, the extraordinary power of adaptation to circumstances, and above all the vast fund of practical wisdom which seemed often, as indeed it was, the very inspiration of genius itself. These things we have noted many times; but I trust before offering on the part of your committee the words which are but a feeble expression of our feeling and of yours, I may be pardoned for making a brief reference to the very close relations with our departed friend and chief which it was my privilege to enjoy. These relations, sir, have been transmitted to me, so to speak, as a hereditary gift, and they have ever been cherished as a most precious continuation of that long, cordial and affectionate friendship which for so many years continued unfailing and unbroken between my father and him whom we to-day commemorate. In addition therefore to the personal love which from earliest recollection I have ever felt for him, my attachment is consecrated by the memory that he was my father's dearest friend. How wholesome, Mr. President, amid the strivings and excitements and the rivalries, it may be, of professional life, is the thought of those friendships of the olden time, which did not change through all the past, and cannot alter now, which endured through years, undisturbed by the changes and chances of this mortal life, until death has set his seal upon them and they remain sacred and inviolable forever.

"One aspect of our departed friend's character which was observed by all who khew him well, and was continually apparent to those who constantly associated with him, was an absolute simplicity of mind which kept him from knowing how great he was, which made him so much less in his own estimation than he was in that of all others. His

was the transparent ingenousness which is as incapable of affectation as of falsehood; on his face there shone ever the *simplicitas sagax*, *ingenuusque pudor*, *et bene nota fides*, *et candor frontis honestæ*.

"I trust it will not be considered obtrusive, nor out of harmony with the feelings which should inspire us on an occasion like the present, if I refer to another aspect of his character, of which I feel constrained to speak, as of a sacred trust committed to me to be made known from him. I mean the attitude of his mind towards religious truth. Far be it from me on such an occasion as this to touch any chord of controversy or of bitterness; but I know well on which side of this great question the preponderance not only of earnest feeling, but, as I believe, of logic and of intellectual power inclines. And I rejoice to say that on this subject he had embraced the convictions of some of the wisest and most enlightened minds that have ever adorned our calling or any other calling among men. In the pain and suffering of which during many years he had largely partaken, he found his solace and support, not in the thought of all that he had done to allay the anguish and relieve the distress of others, though he, if any one, might find satisfaction in such a thought, but in the one source of comfort, and pardon and peace. Over his grave, around which to-morrow we will stand, the star of promise and of hope will shine down, for the man whom we have known and loved has passed to where the imperfect germs of science as we know it shall expand into the fulness of perfect and infinite truth."

Dr. Chew then read the following as the report of the committee:

"The Medical and Chirurgical Faculty of Maryland and the medical profession of Baltimore, in joint session assembled, would hereby give utterance to the profound and solemn feelings with which they are filled on learning of the death of their patriarch and chief, Professor Nathan Ryno Smith, M. D.

"They would record their estimation of his personal virtues and worth, of his unswerving adhesion to all that is manly and true, of his untiring pursuit of duty, of his chivalrous devotion to the weak and suffering, of his large-hearted generosity to the outcast and the destitute. From the point of view of professional observation they would bear testimony to his possession of those mental and moral qualities which combined to constitute him a surgeon and physician of the highest order. Acuteness of observation, strength of judgment, infinite variety in resource, indomitable energy which would combat against fate itself, and yield only to necessity, these qualities made

him a model to be followed and an example to be cherished by all who would aspire to excellence in the calling which he adorned; be it therefore—

"*Resolved by this body*, That a record of these proceedings be entered upon the minutes of the Medical and Chirurgical Faculty as a permanent memorial of their love and admiration of Nathan Ryno Smith, and that an engrossed copy be transmitted to the family of the deceased."

Eulogistic remarks were then made by other members of the profession.

EDITORIAL.

County Medical Societies.—County medical societies, as distinct organizations or auxiliaries to state societies, can be made important factors in the advancement and elevation of the profession of medicine, and they should be fostered and encouraged. Interchange of thought and experience is of advantage under all circumstances, and it is especially so with respect to the science and art of medicine, which is so constantly undergoing changes and improvements. To be made potent for good every organization requires untiring activity and watchfulness; and particularly is this necessary, to properly sustain and promote the beneficent objects of medical societies, hence the great importance of thorough organization, concert of action, and that becoming zeal and honorable rivalry which form the main elements of success in the pursuit of our profession. The Maryland Medical Journal will sustain and aid, as far as may be possible, all organizations formed and conducted on such high principles and we would suggest the formation of societies in every county, town and city, for mutual improvement and assistance. We will be glad to receive and publish reports of value from any society in the United States.

Association of American Medical Colleges.—The Provisional Association of American Medical Colleges, met in Chicago on June 1st, and resolved itself into the American Medical College Association. Twenty-four colleges were represented. The following officers were elected: President, Dr. J. B. Biddle, of Jefferson Medical College, Philadelphia; vice-president, Dr. N. S. Davis, of Chicago

Medical College; secretary, Dr. Leartus Conner, of Detroit Medical College.

PROF. LISTER.—Prof. Lister has accepted one of the chairs of Clinical Surgery in King's College Hospital, London. As Prof. Lister's antiseptic surgical practice requires that the patients so treated shall be kept seperate from those who are not, the authorities of the hospital have placed two wards, one for female and one for male patients, at Prof. Lister's disposal.

UNIVERSITY OF LONDON.—At a very large meeting of convocation of the University of London, held in May last, it was resolved "That this house is of opinion that it is undesirable for this University to admit women to degrees in medicine before it shall have considered the advisability of admitting women to degrees in all faculties."

At a late meeting of the Harford County, Md., Medical Society, Dr. W. Stump Forwood, of Darlington, was elected president for the ensuing year.

AMERICAN OPHTHALMOLOGICAL SOCIETY.—The annual meeting of this Society was held July 26th and 27th, at the Cataract House, Niagara Falls.

The MARYLAND MEDICAL JOURNAL—Is kept on sale, regularly, at the office of the Baltimore News Company, S. E. Corner of Baltimore and South Streets, where copies of any number can always be had.

BACK NUMBERS WANTED.—Friends having extra copies of the May and June numbers of the JOURNAL, will confer a favor on us by mailing them to our address, Nos. 2 and 4 N. Charles Street, Baltimore, Md.

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ORIGINAL PAPERS.

OPTHALMIC AND AURAL NOTES.

BY M. J. DE ROSSET, M. D., OF WILMINGTON, N. C.

The following cases, extracted from the case-book, are recorded more particularly for the unusual character of the lesions they presented than for any special lessons to be drawn from them.

CASE I. Sarah S. colored, æt. 4 years, was brought, with a brief history, February 8, 1877. "She had fallen upon a pair of scissors seven days previously, and both blades 'stuck in the lower lid,' since which time she had been perfectly blind in that eye."

There was the appearance of a nearly healed wound in the middle of and two lines below the margin of the lower lid of the right eye. There was no conjunctival injection; pupils equal, the right one acting in association with the left, but not responding to light when exposed alone. There was manifestly no vision in the right eye.

The ophthalmoscope, with dilated pupil, revealed a normal fundus, the optic disc and vessels presenting no departure from the usual appearance.

The diagnosis (by exclusion) was division of the optic nerve, and doubtless the scissors had penetrated beneath and behind the ball, which in its instinctive roll upwards had brought the nerve down within reach of the scissors, and was severed, judging from the ophthalmoscopic indications, at a point posterior to that at which it is pierced by the *arteria centralis*.

No treatment. Prognosis, blindness.

Case II. W. M. F., of North Carolina, æt. 21, came for consultation in reference to a tumor on the nose and upper lid of left eye. Could give no history of injury. First noticed it eighteen months before, since which time it has grown slowly, but gives no pain and he is not conscious of its presence except when corrugating the occipito-frontalis, when it imparts a sense of stiffness.

The tumor was located on the left margin of the nose near its root, extending upwards and outwards, about one inch in its long diameter, along the orbital margin near to the supra-orbital notch. Its transverse diameter was one-quarter inch. It was hard and movable, but seemed limited in this latter respect, as if it were bound by a bridle to the frontal bone.

The excision was done under chloroform, a dense mass of hypertrophied areolar tissue, with some fat, being removed; in the midst was a splinter of pine wood (light wood), having a perfectly fresh appearance, the clearage lines, angles and points being well marked, and not at all worn away or rounded off by solution.

The patient's positive denial of any accident did not shake my belief that he had at some time been injured, and I was gratified to receive a few days later a letter from his father, in which he stated that eleven years previously he had been struck near the eye by a billet of pine wood, which made but a slight wound. This was explanation sufficient, but a remarkable feature was that the splinter should have remained so many years without producing suppuration or irritation, and also that it should have maintained such a perfectly fresh appearance. Could this be due to the preservative nature of the contained turpentine?

Case III. S. H. T. æt. 35, farmer, Dublin County, N. C., while driving cattle, June 12th 1877, cracked his whip, received a severe blow on the right eye. All vision was immediately lost for a few days, when distant vision improved a great deal, and near vision remained dim. Had applied cold water, etc. He came June 29. Right upper lid œdematous and red, and presenting above the inner canthus, an unhealthy suppurating oval wound. The eye ball was projected prominently forward, scarcely covered by the swollen lid; there was a divergence of three

lines. The ocular conjunctiva very œdematous. Pupil dilated to 5 m. m., and iris immovable.

The wound was carefully explored with a probe, and at the depth of one and one-half inches from the external wound backwards and outwards, there was imparted the sensation of a foreign body. A delicate pair of forceps, introduced to the same depth and in the same direction, seized and drew out with little difficulty, a sole leather thong one and one-half inches long, and one-sixth of an inch thick, slightly curved, as if in conformity to the contour of the eye ball. This evidently was a piece of a whip-lash, which doubtless when the injury was received, had been projected violently with a sling-like movement against the lid, penetrating deeply. It lay across the upper part and behind the eye-ball, the near end being but slightly in front of the equator, probably not touching the optic nerve, as the deep end was to the outer side of that. But there was a decided paretic condition of the superior rectus, particularly as to its inner fibres, as subsequently appeared from the crossed double images.

After removal of the foreign body, there was considerable relief in tension and pain, but the ball did not recede, owing to swollen state of retro-ocular tissues. V was equal to eighteen-fortieths, but was not perfectly centric. With + one-fortieth V + eighteen-thirtieths, showing slight H, which is important as indicating that the eye-ball was not elongated by traction of the optic nerve, but rather flattened by pressure from behind. The left eye was emmetropic. There was no diploplia until the good eye was covered by a ground glass, when the fixation for neither was centric. With a candle at ten feet the images were crossed, that from the right eye lying higher and diverging away from the other at the top, and this in all but the right lateral half of the field where there was no diplopia.

When we consider the action of the several muscles of the eye, it is easy to trace this trouble to failure of the superior rectus to perform its part. This muscle moves the eye upwards, assists by its innermost fibres to rotate it inwards, and inclines the vertical meridian inwards. If there is any disturbance of its power there will be a predominant effect produced by the oppos-

ing muscles. Hence we find an increased effect from the unopposed action of the inferior rectus, by which there is produced a difference in height of the two images; also from the unopposed action of the superior oblique, the images are made to diverge at the top; and the innermost fibres of the muscles being paretic, there is a loss of effect in the direction in which they act, and the eye is rotated outwards, producing crossed images. Doubtless, therefore, the force of the blow was expended on the superior rectus, the superior oblique, as may be inferred from the direction of the wound, narrowly escaping injury likewise.

In the right lateral half of the field, the injured muscle not being employed in that direction, no error of position is expected and of course no double images.

At first these double images were observed only when the acuteness of vision in the sound eye was reduced by ground glass to a degree approximating that in the other, but in two days after improvement set in, and the injured eye had acquired greater acuteness the diplopia became constant.

By strong effort both eyes could be made to converge and fix for a moment up to eight inches, but the right internal rectus, receiving little or no aid from the superior rectus, soon wavered and gave away.

The opthalmoscopic picture was interesting. The arteries were small, the veins full, and the disc covered with a delicate gray fibra, a real *traumatic choked disc*, produced by swelling of the peri-neural structures.

There was dilatation of pupil to 5 m. m., and a paralysis of positive accommodation, due to paresis of 3rd nerve from the blow. The patient remained five days, at the end of which time there was rapid improvement in every particular. By letter received one month later, I learn that there still remained some diplopia which it required effort to overcome.

The remainder of this paper may be devoted to a few practical points.

I desire, (without giving cases, which might be cited in great numbers) to call attention to the topical use of iodoform in the treatment of *otitis media catarrhalis*, particularly where there

is perforation or loss of the tympanic membrane. No other application, whether of my own device or as suggested by the authorities, has proven nearly so efficient in my hands. Indeed, the prompt and beneficial effect of iodoform has in many instances been little short of marvelous and in all well marked. I have the notes of several cases of long standing, one as long as nineteen years, which were speedily cured as to the discharges, and greatly benefited as to audition.

The ears are cleansed in the usual way with a stream of tepid water, and, after the use of Politzer's bag, dried with pledgets of cotton; the iodoform is then introduced by Ranchfuss' tube in sufficient quantities to cover thickly the entire tympanum. The process may be repeated from one to three times a week, always cleansing in advance. If a Ranchfuss tube is not convenient the application may be made by means of cotton mop on a staff.

I know no objection to its use except the disagreeable odor of the iodoform, but experience soon imparts sufficient skill to avoid that.

The philosophy of its action is obvious: it is a disinfectant, a dessicant, prevents the diapedisis of white corpuscles, and promotes the activity of the absorbent vessels.

In reference to the use of chloroform, I desire to express my conviction with Professor Chisolm that it is a safe anæsthetic when properly employed, and that its safety is due more to the skill of the administrator than to the physical condition of the patient. I do not know that I can speak as strongly of it as he does, for I have been unfortunate enough to witness two deaths during its administration, and I recall a case, in which Drs. Chisolm and Miles were kind enough to assist me, where we thought that such dangerous symptoms were developed as to call for its suspension. I may state that in the same patient, it has been subsequently used with pleasant effect, and for the same purpose—the cure of haphyloraphy.

The following description of an inhaler will enable everyone, at a trifling cost, to supply himself with a very simple and effective device, which may be employed when it is designed to admit air, or to exclude it as suggested by Drs. Sayre and Otis:

A thick, hollow India-rubber ball, three inches in diameter, is used. Cut off a segment amounting to about one sixth of the sphere. Bevel the edges; cut into one side of the opening a recess for the reception of the nose, and you have an inhaler adapted to any face. A flat piece of sponge, or a layer of cotton is sewed in as a lining, by passing the silk through the ball. A number of holes, as from a shoemaker's punch, are made as vents, and an incision forming three-fourths of a circle, may be made in the top to constitute a flap which can be raised for the supply of additional chloroform, without removing the inhaler. It is simple, effective, economical in the use of the anæsthetic, cannot hurt the patient if he struggles, and does not break when dropped. It has a single drawback, namely, that it is dissolved by ether and chloroform, but this action is slow, and counts for nothing when the cost of renewel is considered.

DANGERS OF VAGINAL INJECTIONS, WITH TWO CASES OF PERITONITIS CAUSED BY THE FLUID PASSING THOUGH UTERUS AND FALLOPIAN TUBE.

BY GEORGE JOHNSON, M. D., FREDERICK CITY, MARYLAND.

During the past score of years, leucorrhœa has become marvelously and fashionably frequent; and its relief, by the use of vaginal injections, is constantly attempted, as often without as with medical advice. Scarcely a family but thinks itself defective in household furniture, without the possession of a "Davidson," "Favorite," or "Anglo-American-for-the-million" syringe. The general construction, of the vaginal nozzle, is the same in nearly all of those soft rubber instruments, which, from convenience or cheapness, have grown into popular favor, and have almost entirely superseded the old straight syringes of glass or hard rubber. Indeed, the fatigue incident to working the piston, as well as the inconveniences of necessary position, and repeated introductions,

will always prevent the general use of the latter, although certainly the more safe of the two varieties. The faulty construction, as regards size, shape and position of orifices, in the nozzles of the syringes in common use, is so apparent to every thinking observer, and has been lately so distinctly protested against by Dr. Studly,* in an article describing a nozzle designed by him, that it seems amazing that manufacturers continue to flood the country with instruments so fraught, in unskilled hands, with danger in the way of suffering and death. Uterine colic, of various degrees of intensity, produced by the vaginal injection passing into the uterus, has fallen under my observation sufficiently often to lead me to think, that, notwithstanding the paucity of cases found reported in current medical literature, other physicians must have had similar experiences.

The cases below, involving the gravest consequences from this accident, are published with the hope that like disasters, observed by others, may be reported, until the indiscriminate use of the faulty nozzles shall be so generally discountenanced, by the profession, as to make it the manufacturer's interest, no less than duty, to supersede them by Studley's, or others of safer construction. Until this end be attained, it is believed, the observance by physicians of the following rules, as regards instruments now in vogue, would materially lessen danger:

1. To counsel patients, as opportunity offers, against vaginal injections, except under direction of a physician.

2. Never to order vaginal injections, until vaginal examination has shown that the patient is free from patulous os uteri, and retroverted or prolapsed uterus.

3. To insist, that the patient shall always use the injections, in the recumbent position, and always lie leisurely and gently.

4. Always, when ordering the injections, to see that the central opening, in the nozzle of syringe to be used, has been securely closed by soldering, or other device.

Case I. Mrs. G. W., æt. 19 years, mother of one child about a year old. Six months previously she had been directed by her

*N. Y. Medical Record, Vol. 10, page 397.

physician to use vaginal injections of tepid infusion of oak bark for the relief of leucorrhœa. This she had done repeatedly, sometimes daily when annoyed by excessive discharge, and always without discomfort until upon the present occasion, February 28, 1874. Being pressed at this time by domestic duties she hurriedly injected the infusion cold as the winter day, inserting the nozzle (which had the usual central, as well as lateral, apertures) as far within her person as possible. She immediately fell over upon the floor, exclaiming, "I am suffering frightfully! I have killed myself!" Peritonitis at once set in to which she succumbed in forty-six hours in spite of the most careful treatment of physicians and assiduous attention of friends.

Case II. Mrs. T. W. C., mother of six children, the youngest four and one-half months old. A few days previous to the accident, having lately felt debilitated, she casually consulted a medical relative, in reference to a leucorrhœa from which she suffered, and to which, she attributed her run-down condition. By his advice, she commenced taking a bitter tonic, and using daily, with a Davidson syringe, a vaginal injection of sulphate of zinc—a drachm to a pint of water. This gave no inconvenience until the morning of August 28, 1876, when, feeling hurried to meet social engagement, and experiencing difficulty in inserting the nozzle, as far as usual she pressed it with unusual firmness, and squeezed the ball several times in rapid succession with some force. Her position at the same time was stated to have been semi-erect. Immediately she was seized with chill, attended by excruciating pain in hypogastrium, rapidly extending to left iliac quarter and back. This was controlled by free exhibition of morphia, but persistent tenderness over the same regions and temperature rapidly rising to 105° in axilla marked onset of inflammation. Examination per vaginam revealed an excessively tender retroverted uterus with os sufficiently patulous to admit tip of index finger, from which was oozing thin bloody mucus. The injection had evidently entered the uterus and passing through the left fallopian tube had produced both the metritis and peritonitis which were now rapidly developed. Prompt, thorough and repeated vesication over entire abdomen, followed

by warm emollient cataplasms with morphia and quinia in full doses, constituted the chief elements of treatment, under which with careful supporting alimentation the patient finally recovered after days of extreme illness and suffering.

CINCHO-QUININE.

BY FERDINAND KING, M. D., PH. G., ATLANTA, GA.

Modern medical economists have for some time past been busily engaged in hunting a substitute for sulphate of quinine in consequence of the scarcity and high price of that well known and valuable therapeutic agent. In their experiments and investigations, which have been more vigorously prosecuted in the southern and western states than elsewhere, they have not confined themselves exclusively to the small group of alkaloids derived from chinchona; but they have tried almost everything posessed of any characteristic bitter taste in which they imagine the anti-periodic or febrifuge properties of cinchonia alkaloids might possibly be found. In searching for this much desired substitute our profession has been seriously imposed upon by an army of silver-tongued agents, sent among us by unscrupulous, money-grabbing pharmacal manufacturers, who by their smiles and flattery induce not a few of our most intelligent practitioners to try their quinine substitutes. In this way they create a temporary demand for their preparations, thereby enriching the manufacturer at the expense of the physician's reputation and of times at the sacrifice of an unfortunate patient. Now, as the effects of the cinchona alkaloids are sure and certain, I think we lose ground every time we deviate from the old and long beaten track. The scientific investigator has so far failed to discover anything possessing even a tittle of their well known antiperiodic and febrifuge properties. A new remedy offered in their place sometimes enjoys temporary reputation, but it soon goes down before cinchona and its invincible alkaloids.

There are, it is true, some serious objections—such as urticaria, diarrhoea &c., sometimes following the employment of the *single* or *uncombined* alkaloids, but these unpleasant symptoms depend upon some idiosycrasy of the patient, just as catarrhal indications not unfrequently follow the administration of iodide of potassium. These consequences, observable in such a small per cent. of patients, where valuable therapeutic agents are administered, I am sure, should not prejudice us against their general use. The same objections against the employment of quinine under certain pathological conditions, may with equal propriety be applied, as above intimated, to the other single alkaloids of cinchona—i. e. quinidia, cinchonidia, quinquimcia, cinchonia, &c., Unpleasant symptoms are noticeable when we administer any of the alkaloids just enumerated, in large or heroic doses. To produce "quininism" by administering any of these single alkaloids, save quinine, we must employ larger doses of them than of the latter agent. For instance, let us take sulphate of cinchonidia. This I think almost worthless as an antiperiodic unless we give at least three times as much of it at a dose as of the sulphate of quinine. When given in large doses we find all the symptoms of "quininism" present—such as cerebral disturbance evinced by a feeling of tightness in the head, ringing in the ears, difficulty of hearing, &c. It seems that more or less of these must, in a measure, be secured before our patient can be relieved of his malarial depression; therefore as such a large quantity of sulphate cinchonidia is required to procure "quininism," I think we practire poor economy when we prescribe it.

The *modus operandi* by which cinchona or its alkaloids relieve malarial fevers or influences, is not understood by a large number of our profession. Therefore the remedy is oftentimes hypothetically employed by our average medical practitioner. Many of these hypotheses are no doubt frequently correct, though the result of guess work. We all know that the blood undergoes the most remarkable changes where patients are suffering from the effects of malarial poison. There is a very marked increase in the quantity of the plasma or alkaline fluid while there is corresponding decrease in the red globules or corpuscles. This

condition is plainly evinced by the characteristic paleness always observable in patients suffering from malarial anæmia. Scientific and intelligent physicians will readily agree that it is necessary to restore this blood to its normal condition before we can bring back to our patient his wonted health. Therefore when called upon to prescribe, for a malarial patient we should first examine his blood and learn what elements are wanting before we administer our remedies. This done we should prescribe such remedial agents as are calculated to replace the lost elements and restore this great life-supporting fluid to its original healthy condition. We find nothing in our materia medica that meets all the unfavorable indications observed in these patients so completely as cinchona or peruvian bark itself; but owing to its bulk and the length of time required for its assimilation it is objectionable. The ingenuity of the scientific and progressive pharmacist has, however, overcome these objections and given us all the active principles of the Peruvian bark, in a combination very appropriately called by its manufacturers (Mess. Billings, Clapp & Co., Boston,) *Cincho-Quinine.* In this combination we find the nearest approach to the original substance, peruvian bark, that modern science has yet attained. It is, as before stated, a combination of all the active medicinal principles of the best cinchona bark, and after the long and thorough test it has had, it stands unrivaled as a prompt, safe and uniformly reliable antiperiodic, possessing all the advantages and none of the disadvantages of sulphate of quinine or any of the single alkaloids of cinchona. It is entirely free from such external agents as sugar, licorice, starch, magnesia, &c. It is wholly composed of the bark alkaloids, viz: quinia, cinchonia, quinidia, cinchonidia and the other alkaloidal principles which have not been distinctly isolated, and the precise nature of which has not been well understood. Analyses by competent disinterested chemists attest the presence of all these alkaloids in Cincho-Quinine. In its preparation all the active tonic and febrifuge principles of the bark, are secured without the bulky inert lignin, gum, tannin, &c. It exerts the full therapeutic influence of the sulphate of quinine in the *same doses*, without oppressing the stomach or creating nausea. It

produces little or no cerebral disturbance as quinine does, and I have found it to produce much less constitutional distress than the latter agent.

While engaged in the practice of medicine in the swamps and malarial districts of Alabama some years ago, where chills and marsh fevers were found in almost every family in my territory, during the late summer and early fall, I first learned the value of Cincho-Quinine as a therapeutic agent in treating these maladies. I could not cure my patient with quinine alone, as it simply acted as a cerebral stimulant and did not restore any of the lost elements of the blood. True it staved off the paroxysms, but they returned when the remedy was left off. Having procured a sample of the Cincho-Quinine and being pleased with the combination I administered it to some of my worst cases, in whom I had the pleasure of noting a marked improvement from the very first dose, and a permanent cure at the expiration of one or two weeks. I found no difficulty in inducing the most delicate child or squeamish female to swallow the remedy as it was quite soluble in water, almost tasteless, and not leaving that clinging, lasting, bitter taste peculiar to the sulphate.

One of the main points I desire to impress upon the minds of those who read this article is that cincho-quinine is not sulphate of quinine, it is not sulphate of cinchonidia, it is not cinchonia, but it is these and all the other alkaloids of cinchona in *combination*, and it is this composition, this representation of all the medicinal principles found in Peruvian bark that gives it the value claimed for it over and above all other preparations, or any one of the single alkaloids of this valuable bark.

A majority of our oldest living practitioners agree that larger quantities of quinine are required to treat successfully, malarial diseases at the present time than when the salt was first introduced to the profession. This is not, in my opinion, owing, as many suppose, to the inferior quality of quinine as it is now found in the market, but because it is too purely and solely a sulphate of a single alkaloid, lacking in those properties that were found in the salt when prepared by the unskilled Pharmacist of several decades ago. As produced then, it contained many of the secondary

alkaloids now found in Cincho-Quinine, and which contribute so much to the value of the latter combination as an anti-periodic and febrifuge. The cincho is not "explosive" in its action from the fact that in the combination, the amount of nitrogen, always present in alkaloids, is greatly diminished by uniting them; hence less cerebral feeling and less constitutional disturbance follow its administration than are usually attendant upon the employment of the single or uncombined alkaloids. The same rules, as I before stated, are to be observed in regard to the use of the Cincho, that govern us when we employ the sulphate of quinine. It is given in the same doses and where the siege treatment is indicated, it still more emphatically commends itself to the special, attention of our profession everywhere.

Not only should the real therapeutical value of Cincho-Quinine recommend it to our profession, but its low price is another inducement to us to prescribe it. It is less costly than the sulphate while the dose is the same. The price of it fluxtuates with the rise and fall of Peruvian bark, just as in the case of the sulphate, still it is at all times furnished at less than half the cost of that salt.

Some may ask why Cincho-Quinine has not come into more general use in the South. To such inquiries I would reply it is from the fact that it has not been so extensively advertised as sulphate of cinchonidia, chinoidine and some others of that cheap class of anti-periodics.

Cincho-Quinine stands on its own merits, and its use will become universal when it has been thoroughly tested by our profession; I know personally at this comparatively early period, of a number of leading practitioners in my own state who employ it to the almost entire exclusion of the sulphate of quinine—prescribing the latter agent only in purely nervous affections.

REPORTS OF CASES.

CASE OF CLEFT PALATE.

J. EDWIN MICHAEL, M. D., DEMONSTRATOR OF ANATOMY, IN THE UNIVERSITY OF MD., AND ONE OF THE SURGEONS OF THE UNIVERSITY HOSPITAL.

In November 1876, I was invited, through the courtesy of Dr. Clinton McSherry, to see Ella B. aged 14. The patient is a pretty, healthy, well developed child, her only defect being the peculiar nasal Punch-like voice, which betokens inability to close the naso-pharyngeal cavity. On examination we found a perfectly symetrical cleft of the soft palate, extending from the hard palate to the tip of the uvula. Upon this we determined to operate, which we did, after the following manner: Having passed a stout silk ligature through the left side of the velum in order the better to control its movements, a narrow sharp-pointed tenotome was passed just inside the hamular process, and the tendon of the *tensor palati* divided. We preferred this to the procedure of Fergusson, (performing the tenotomy from behind) because it was easier of accomplishment and just as likely to lead to a good result. The hemorrhage from this incision was considerable, but was controlled by the patient, holding lumps of ice in her mouth. After cutting the tendon on the other side in the same manner the palato-pharyngeus of each side was severed by snipping the posterior pillars with scissors. The two sides could then be readily brought into apposition. Having carefully pared the edges by the use of a sharp bistouri, these sutures were applied. The passage of the sutures was very tedious and difficult, as we then performed it by the use of staff needles. The sutures were closed with the usual surgeon's knot and we left the patient in high hopes of a favorable result. No anæsthesia was necessary, the fortitude of the patient serving us instead, and we did not find it expedient to use a gag.

We visited the patient on the next morning, and our chagrin can be better imagined than described when we looked into her mouth, and found that the saliva had completely untied our knots and the sutures were hanging loose. We allowed the parts to resume their natural condition, which required a few weeks, and in the process a small portion of the upper end of the cleft healed by granulation. We operated again in December and this time measures where taken to avoid the difficulties of the first operation. We had some stout needles made with a horse-shoe curve, the eye in the butt, and we determined to use perforated shot for securing the sutures. Tenotomy was not considered necessary, as the parts were in tolerable apposition from the previous operation. Having pared the edges, one of our horse-shoe needles was placed on each end of the suture to be used. Fixing the needles in stout holders, we found it a comparatively easy matter to pass them through the velum, from behind forward when they were seized by another forcep and brought out of the mouth. The two ends of the suture thus applied were then passed through the perforated shot, the shot seized in appropriate forceps, carried back until the edges were in sufficient apposition and fixed by a squeeze. Thus we applied the three sutures and left the edges of the cleft in beautiful apposition. We were much pleased by the use of the horse-shoe needles and the shot, as the former very much facilitated the application of the sutures and the latter held them firmly until nature removed them by ulceration. Nevertheless, our result was no better than before, the sutures cutting through and no union taking place except a small portion of the upper, and by granulation. In January we operated again, doing the operation *in extenso*, cutting the tendons and paring the edges. We also used our horse-shoe needles and shot on this occasion with much satisfaction. This last operation was crowned with success, partial though it was, in the union by first intention of a small portion of the lower end of the cleft, thus transforming our case into one of perforated instead of cleft palate.

This perforation we determined to heal, if possible to heal, by the use of strong acid, without subjecting our plucky little patient to the pain of another operation. We also had in view the pos-

sibility of an unlucky slip of the knife or an unexpected movement on the part of the patient destroying the good result we had already obtained. Nitric acid was therefore applied, to the edges of the opening about once a week, and under its use we had the satisfaction of seeing the hole grow beautifully less in size until it finally closed, leaving the patient with a complete velum, the only abnormal appearance being the cicatrix and some bifurcation of the uvula, which so far had resisted the action of the acid. A pine stick sharpened at the end is a much more efficaceous means for the application of the acid than a glass rod, on account of its porosity. There is also less danger of dropping the acid from it upon other parts. Now as to the results of this operation, which occupied so much of our time and gave us so much trouble. The defects to be remedied by the operation are those of deglutition and articulation. Deglutition in our case was prefect before we operated; articulation was miserably bad. It was with the utmost difficulty that we could understand her. Since the closure of the cleft, her articulation has very much improved, so much so that we can carry on a conversation with her without difficulty. Of course it is not to be expected that one who has never had a palate could use one with any degree of skill. Having acquired it one must learn the use of it gradually, as one learns to use an artificial limb, and if the patient be deficient in perseverance and energy, he will not be much benefitted by the restoration of the velum. Though he has it he does not use it but continues in his old style of Punch-and-Judy articulation, and his friends (usually very liberal in opinions on such matters) pronounce the operation a failure. Our little patient is now learning to articulate, the apparatus having been put in good repair. If she speaks rapidly and carelessly the voice does not differ very matierally from that of former times, but at her last visit to us when her attention was called to the matter and she made an effort she could pronounce even the sibilants distinctly. "Yes sir," and "sister" were distinctly enunciated. Such progress in so short a time (two months) can not fail with due diligence on the part of the patient to lead to a very satisfactory conclusion.

DISLOCATION OF RADIUS AND ULNA OUTWARDS (INCOMPLETE).

L. MC LANE TIFFANY, M. D., PROFESSOR OF OPERATIVE SURGERY, UNIVERSITY OF MARYLAND.

Complete dislocation of the forearm outwards is one of the most rare of surgical accidents. The following case approaches nearly to a complete displacement and offers some points of interest for comparison with other injuries occurring at the elbow joint.

Rachel Hess, colored, aged 68, fell down stairs Christmas Eve 1876, striking the inside of her left forearm against the edge of the lower step. The arm became useless and greatly swollen.

Was seen by me April 28th, 1877. The forearm was markedly deflected outwards; the inner condyle of the humerus, as also the epicondyle, was clearly defined under the skin; the finger could be pressed into the olecranon fossa.

The head of the radius could be felt unsupported to the outer side of the arm; behind the olecranon was easily made out, the greater sigmoid notch playing on the capitellum of the humerus.

From the internal epicondyle of the right arm to the styloid process of the ulna, the measurement was 10 inches; corrisponding measurement of the left arm gave 9¼ inches. In estimating

the actual shortening, the outward deflection of the forearm must be considered. A line drawn posteriorly between the condyles of the humerus one third of an inch of the injured limb passed below the tip of the olecranon.

Circumference of right elbow 8¼ inches.

Circumference of left elbow 10 inches.

The left forearm could be flexed on the arm to nearly a right angle. Extension almost normal. Pronation and supination perfect. Brachial artery, very atheromatous, could be seen plainly beating under the skin at the bend of the elbow; apparently it was superficial to the deep fascia.

Lateral mobility pronounced. The patient having been etherized, an attempt at reduction was made but owing to the condition of the arteries not persevered in for any time. The dislocation remained unreduced. No evil consequences ensued from the attempt.

CORRESPONDENCE.

BATTLEBORO', N. C., August 2nd, 1877.

Editors Maryland Medical Journal:

Dear Sirs:—Of a number of cases of reflex paralysis, upon which I have performed circumcision, I desire to present for publication the report of the following case:

In June 1875, I was desired to see John A., age seven years, living in my adjoining county. From his mother I learned the following history of the case. That he was healthy and growthy until the fall of 1872, at which time he began having convulsions and continued to have several each day without seemingly to impair his health, until the latter part of the summer of 1874. Then he began to tumble down very frequently and grow more and more clumsy, until finally he became generally paralyzed.

I found him unable to move hand or foot, nor could he articulate a word; his expression was somewhat idiotic, bowels constipated and had been as long as ten days without an action, even after taking several doses of castor oil. At times suffered with

retention of urine, very restless and slept little. While I was examining his abdomen my hand accidently touched his penis, the organ immediately became erected and the boy instantaneously had a convulsion. After few inhalations of chloroform the spasm passed off. Soon as he aroused which was after about twenty minutes, I thought I would again try and see if by irritating the penis it would cause another fit; at once he became convulsed. His mother told me that invariably at the time he had a fit his penis would become erected, and that she had known him to have as many as sixteen in twenty-four hours. I soon satisfied myself that the boy's paralysis was from reflex irritation caused by phymosis and adherent prepuce. I circumcised him at once and tore the adherent mucus membrane from the glands with thumb and finger nail of each hand in the manner suggested by Prof. Sayre, of New York. Behind the corona was impacted sebaceous material. After cleaning the gland thoroughly it was kept dressed with cold water. I gave him no medicines, and in two days I went to see him, and to my great surprise I found my patient sitting up in a chair, with more intelligent countenance, bowels had moved regularly, had voided urine freely, slept tolerably well the night after the operation, and very soundly the second night, and had had only one convulsion. Five days afterwards I visited him again, found that he could walk across the room, had no convulsion, and bid fair to make a rapid and complete recovery. Electricity was applied and gave him Pyrophosphate Ferri, and Tr. Nux Vomica.

He was brought to my office some two weeks afterwards greatly improved in every respect. Same treatment continued with counter irritation over the spine.

I am satisfied that many of the cases of irritable children with restless sleep and bad digestion, which are often attributed to other causes are entirely dependent to the irritation of the nervous system, caused by an adherent or constricted prepuce. I think the profession is greatly indebted to Prof. Sayre for his valuable papers upon this subject.

Very truly, yours,

W. H. WHITEHEAD, M. D.

REPORTS OF SOCIETIES

TRANSACTIONS OF MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

[EXTRACT.]

"Relation of cases" being in order, the following were given to the Society:

CASE I. Dr. Jno. N. Monmonier, had been called to see a child eight years of age, who was bleeding profusely from a wound of the tongue. The list of styptics having been exhausted before his arrival, without benefit, he decided to resort to operative interference, viz: to pass sutures upon either side of the wound, draw it together and stuff the interstices firmly with lint, and tie the sutures over the compress thus formed. By this means direct pressure upon the bleeding vessels was obtained, and the hemorrhage controlled. The sutures were removed the next morning and the case did nicely.

CASE II. Dr. Thos. R. Brown brought before the Society a patient, upon whom he had operated, with the following history:—X. Y., aged 55, received about one year ago, a blow over the right inferior maxilla, with a piece of iron; soon after a swelling of the gum was noticed, and two teeth were extracted by a dentist, who supposed the swelling to be the result of a dental abscess. The tumor continued to grow, however, and Prof. Smith who saw it diagnosed it an epulus. The case came subsequently under the notice and care of Prof. Brown, who, regarding it as malignant, advised its removal, which was effected by an incision commencing to the left of the median line of the chin, descending by a curved line to the inferior margin of the maxilla, and passing backward to the ramus. The bone was then nicked with a saw and the diseased portion was broken away. The flap was restored to its place, and, notwithstanding the extent of the surface made bare, the wound healed by first intention. The line of incision is hidden by the beard, and the patient suffers little or no deformity.

CASE III. Dr. A. B. Arnold stated that he had had recently, in one family, five cases of diphtheria, occurring consecutively; one of these he lost, and in this case the disease had *invaded the larynx*. The other cases,

although very severe, were free from this complication. The point he desired to make was, that when the larynx is free from the diphtheritic invasion the disease is not so dangerous.

Dr. Lynch stated that his experience confirmed this view, and that the establishment of cinchonism early in the history of the case is *very frequently preventive* of the laryngeal complication. Since his adoption of the quinine treatment his proportion of fatal cases has been much smaller.

CASE IV. Dr. C. C. McDowell related a case of scleroderma occurring in a patient three weeks of age. The child had been from birth subject to occasional attacks of partial pulmonary collapse, and after the establishment of the dermal lesion, it was always exacerbated by an attack of the pulmonary collapse, so that the two diseases seemed to bear a relation to one another—perhaps that of cause and effect. The cutaneous surface was largely involved. During the pulmonary attacks warm baths, artificial respiration and stimulants were resorted to; in the intervals an inunction of iodine and iodide of potassium was used. Four or five weeks of treatment were necessary and the child gradually recovered.

CASE V. Dr. Arnold related a case of chorea which had resisted all usual forms of treatment for two and a half years, but which yielded to enforced *absolute rest* of the voluntary muscles, *in bed*, combined with alternated hot and cold douches to the spine. (Iron was also used against the concomittant anemia).

MEDICAL SOCIETY OF HARFORD COUNTY.

The Medical Society of Harford County, pursuant to a call by the President, Dr. W. Stump Forwood, held a special meeting at Churchville, July 18, 1877, to give expression to the feelings of respect and honor, so long entertained, and to the profound sorrow now occasioned the profession in the loss sustained by the death of Professor Nathan R. Smith.

Dr. W. Stump Forwood, called the meeting to order with appropriate remarks upon the character and works of the deceased.

On motion of Dr. W. W. Virdin a Committee of five was appointed to draft resolutions of respect to the memory of Professor Smith. The President named Drs. Jno. Evans, W. W. Virdin, R. D. Lee, Silas Scarboro and W. W. Hopkins as the Committee.

The above Committee through their Chairman Dr. Virdin reported the following resolutions :

Resolved,—By the Medical Society of Harford County, that in the death of Professor Nathan R. Smith, the medical profession has lost, not merely a foremost Surgeon in the State of Maryland, but one whose qualifications and deeds, entitle him to rank among the memorable men of the times in which we live, and whose skill has left with his successors in practice, many appliances not before known for the alleviation of human suffering. United to wise observation, he possessed a sound and discreet judgement and zeal in the advancement of science, which commanded respect and invited reliance on his Surgical and medical skill.

Resolved,—That his modest and urbane manners, his purity of life and unflinching integrity, have won for him the esteem and love of all who knew him, and especially those of us who have received the benefit of his teachings at the bedside, and in the lecture-room ; we mourn his loss and have engraved upon our hearts the model of a Christain gentleman.

Resolved,—That we deeply deplore the loss of Professor Smith, and direct that this testimonial of our veneration for his memory, our appreciation of his skill as a surgeon, and love for him as a man, be conveyed with cordial sentiments to his family.

After reading of the Resolutions, eulogistic remarks were made Dr. W. W. Virdin, Dr. Silas Scarboro, Dr. Jno. Lee, Dr. John H. Cochran, Dr. W. W. Hopkins and Dr. R. D. Lee.

The resolutions were adopted unanimously and the meeting adjourned.

H. CLAY WHITEFORD, M. D.

Secretary.

SELECTIONS.

THE SURGICAL TREATMENT OF EMPYEMA.

There are few cases which cause more anxiety to physicians than patients suffering from empyema, and we fear that uncertainty as to the best mode of treatment considerably aggravates this anxiety. Time is often wasted while half measures are being tried and found to fail; and sometimes it is only as a *dernier ressort*, when the patients strength is exhausted, and the case is desperate, that the true curative treatment is adopted. When the existence of pus within the pleural cavity has been established, there can be no doubt of the necessity for its evacuation. The question remains, How can this best be accomplished? Aspiration is the easiest method, and in children is frequently very successful; for any pus that remains after the operation is not unfrequently absorbed, and masses of lymph become organized. But in adults we do not meet with these favorable results; the hopes excited by the immediate relief following the aspiration are only too commonly dissipated by the evident signs of resecretion of pus. The fact is that the aspirator never completely empties a chest, and the fluid left behind is neither absorbed nor organized, but causes further suppuration. The other plan of making a free opening into the chest, low down, completely evacuates the pus, and allows of the gradual obliteration of the pleural cavity by the expanding lung, collapsing walls, and displacement of adjacent viscera, and it offers the only chance of cure in the great majority of cases of empyema in the adult. But there is a dread of this operation in the minds of many, owing to the evil results not unfrequently attending it; prolonged suppuration, destroying life by hectic, albuminoid disease, or acute tuberculosis; or decomposition of pus, with consequent blood poisoning. Here it is that we think the antiseptic treatment can be employed with the happiest results; for it has been in cases of large abscesses that its most decided triumphs have been won. Where only pure

non-irritating air is admitted to the pleural cavity, the suppuration at once, or soon, ceases, and the patient escapes the danger of blood-poisoning. A drainage tube should be employed, and care should be taken that it be passed just into the pleura ; but it is unnecessary that any of the tube should be free in the cavity. Several cases are on record where these tubes have slipped into the pleura, and have given rise to trouble in extraction. This accident can be quite prevented by adopting the simple expedient of transfixing the outer end of the tube with a hare-lip pin, which crosses the wound and effectually prevents the tube pressing in ; and if the ends of the pin be secured to the chest, by strapping, it equally prevents the tube's being forced out of the opening. The tube should not be withdrawn until all secretion from the pleura has ceased. *Monthly Abstract, Md. Science—Lancet, May 5th, 1877.*

On Dyspepsia.—At a late meeting of the Harveian Society of London, Dr. Farquharson read a paper on this subject.

Attention was directed to the state of the tongue in dyspepsia. A deeply fissured tongue often meant little ; whereas a thin white fur, composed of minute dots, was generally found along with pain immediately after food. Pain after a longer interval was accompanied by a pale, flabby tongue, with reddish tip and centre. The treatment of dyspepsia consisted of two parts, that of food and that of drugs. The latter was the principle part with patients applying for gratuitous relief. The pain occurring immediately after food was usually relieved by alkalies ; whereas acids were indicated where suffering was not experienced until an hour or two after the commencement of the digestive act. For the relief of the nausea and sickness remaining after the bowels were thoroughly cleansed, nothing was so effectual as hourly drop-doses of ipecacuanha wine. Nux vomica was also a valuable remedy. Pain might be but the protest of the stomach against an overload, or be the result of deficient tone, from general nervous exhaustion. In some cases each meal was followed by diarrhœa ; and for these cases attention was directed to Ringer's plan of minute doses of the liquor hydrargyri perchloridi. In

speaking of diet, Dr. Farquharson pointed out that there are three forms of dyspepsia: 1. The dyspepsia of fluids, as it is called, where the stomach seems intolerant of all forms of fluid. 2. The digestive derangements following intemperance in the matter of animal food; and, 3. The dyspepsia connected with indulgence in tea, or other warm and weak infussions of tannin.—*Medical and Surgical Reporter.*

Remedy for Whooping-cough.—M. Dervieux.—(*Lyon Medical*, No. 11, 1877.) M. Dervieux believes he has found a preservative means in aconite associated with ipecac and cherry laurel water. This mixture is either a veritable preventive, or simply an abortive. His formula is as follow:

Extract of aconite,	.05	grammes	= $\frac{4}{5}$ grain nearly.
Cherry laurel water,	4.	"	= 1 dram "
Syrup of Ipecac,	3.	"	= ¾ " "
Mucilage,	200.	"	= 6½ ounces "

This is given as soon as the characteristic cough presents itself, in doses of a teaspoonful every hour to young infants; two teaspoonfuls to those more than three years of age, and a teaspoonful to adults every hour. *Chicago Medical Journal and Examiner.*

Ergot in Atony of the Bladder.—*The Doctor*, July 1.—At a meeting of the Berlin Medical Society, Prof. von Langenbeck stated that in atony of the bladder, associated with enlarged prostate, in elderly men, in which the organ is never completely emptied of urine, he has lately tried the hypodermic injection of ergotine with most surprising results. In three cases, the contractile power was at once increased, so as to enable the patient to discharge the additional urine, and in a few days it had so augmented that very little urine was left behind. After one or two injections, the improvement was considerable, and even a diminution in the size of the prostate seemed to have ensued. Dr. Israel said that he had derived the same benefit from the employment of ergotine, and referred to the case of a patient who was thus enabled to hold his water for three hours, whereas before he voided it every ten minutes.—*Ibid.*

The Physiological Action of Cannabis Indica—Maximowitsch concludes, after a series of experiments upon man and animals, that cannabis indica does not affect the brain alone, but acts also upon the peripheral nerves of the trunk, diminishing their conductivity, and thus to a certain extent isolating them from their centres. Thus in man it produces coldness and numbness of the extremities, anæsthesia, and a condition closely resembling catalepsy. The conductivity of the nerves is so much lessened that irritation can no longer be localized. The larger nerve trunks are more or less isolated from the peripheral nerves; we have, therefore, not only an excitation of the psychical spheres, but also the occurrence of hallucinations of vision and audition; when the eyes are closed sounds seem much louder; and the haschisch eater has continually before him a sea of light with various colored figures (caused by irritation of the optic nerves).—(*St. Petersburg Med. Wochenscrift*, No. 11, 1877.)

Colored Skin-Gafting.—Dr. J. H. Wm. Meyer, records two cases of ulcer of the leg upon which skin-grafting was successfully performed. Upon each the experiment of using grafts from the negro was made, and upon recovery the cuticle resulting from the transplantation preserved the black color.—*Chicago Medical Journal and Examiner.*

Hypodermic injections in Hernia.—Reporting upon three cases communicated to the Société de Chirurgie in which strangulated inguinal hernia was easily reduced after the hypodermic injection of morphia, M. Le Dentu observes that in these cases the strangulation was recent, and although the injections certainly assisted their reduction, it is doubtful how far they would have succeeded had the strangulation been more decided and of longer duration. If the surgeon is called to the case immediately, the injection may be of use by dissipating the pain and spasm; but if some hours have elapsed, it will be always of less value than

chloroform, which enables us to at once recognize whether the hernia is reducible or the operation necessary.—*Gaz. des Hop.*, *Medical Times and Gazette*, April 7, 1877.

SUBCUTANEOUS INJECTION OF SALICYLIC ACID IN ERYSIPELAS.—Professor Ferdinand Petersen, of Kiel, states in a postscript to a communication of his in the *Deutsche Medictnische Wochenschrift* that he has on three occasions cut short the progress of erysipelas by injecting a gramme (about 15 minims) of a concentrated solution of salicylic acid under the healthy skin surrounding the affected part. He has made several such injections at the same time in each of the three cases. Whether the happy result was due to the means employed, he will not dogmatically decide. It might be worth trying in other cases of erysipelas.

TREATMENT OF FISSURES OF THE NIPPLES DURING LACTATION.—Buttler. When fissures of the nipples are not due to some constitutional cause, tinct. of benzoin freely applied to the parts will, in about five to ten days, effect a cure. Only the first application is painful. Tinct. of benzoin forms a covering on the surface of the nipple, and so protects it from the child. Lactation is never interrupted by the above process of treatment.—*The Ohio Med. Record.*

PODOPHYLLIN IN HÆMORRHOIDS.—A recent number of the "Gazette des Hôpitaux" contains a communication by Dr Riviére, in which, after agreeing with Dr. Rousselet in his high estimate of the value of podophyllin in habitual constipation, he goes on to express surprise that the latter had said nothing about the virtues of this drug in hæmorrhoids. The action of the drug is simply to cause a soft passage on every occasion. The result is remarkable, but only temporary. The treatment must be kept up for many months in order to gain any permanent benefit.—*Medical Times.*

An Excellent Remedy for Asthma.—Saturate with strong solution of nitrate of potash, one part of coarsely powered belladonna leaves and two parts stramonium and allow it to dry. On igniting a portion on a plate, combustion readly takes place and the fumes are to be inhaled. Relief is usually obtained in a few minutes.—*Canada Lancet, June.*

Remedy for Dandruff.—The *American Journal of Pharmacy* says: A French physician recommends to apply a solution of chloral hydrate containing five per cent. of the latter, by rubbing from one-half to one ounce into the scalp by means of a sponge, and repeating it every morning. A slight burning sensation and reddening of the scalp occurs, disappearing after two minutes. If the hair has fallen off in consequence of the dandruff, it will be renewed in about a month.

Irrigation in Chronic Cystitis.—Dr. Jackson, in *Boston Medical and Surgical Journal*, reports two cases of chronic cystitis successfully treated by constant irrigation. The means used were a vessel containing water, a double catheter, and india-rubber tubing sufficient to convey the water to and from the bladder. The flow was regulated by a stop-cock attached to the reservoir. The position of the vessel should be such as not to cause pain by excessive pressure, but it is neccessary that the bladder should be fully distended at times, in order that the whole surface may be throughly cleansed. About a barrel of water is needed in twenty-four hours. Of the first case, he says that the usual method of intermittent irrigation was adopted, and continued about two months, without benefiting the patient, at the expiration of which time constant irrigation day and night by means of water about the temperature of the body was substituted. A constant flow of water into the bladder was kept up for three days, when the catheter was withdrawn and the urine examined, which, on previous examinations, was alkaline, but now, for the first time, was acid. Irrigation at intervals, varying from two to three days,

was kept up for about one month, at the end of which time the case was discharged cured. Case two was not unlike the first, only in the duration of time; about one month of treatment, by constant irrigation, at intervals varying as about in case one, was sufficient to cure the patient.—*Medical News and Library.*

Seamen's Remedy Against Seasickness.—Professor Xavier Landerer, of Athens, says that a very popular remedy against this ailment, in common use among mariners in the Levant, is the daily internal use of iron. This is obtained in a very primitive way—a portion of the iron-rust adhering to the anchor and anchor-chain is scraped off and administered. At the same time, a small pouch containing roasted salt, and flowers of thyme is tied upon the region of the navel as firmly as can be borne. This is said to lessen and gradually to subdue the antiperistaltic motions of the stomach, caused by the rolling of the vessel. This preparation was already known to the ancient Greeks as "thymian salt." M. Landerer says that he knows several seamen who have been cured by this treatment.—*London Medical Record*, June 15, 1877.

On the Best Means of Promoting Union by First Intention.—Dr. K. E. Rice, in the "*Chicago Medical Journal and Examiner*," says: I have been in the habit, for a good many years, of using a quite simple plan in scalp cuts, which renders shaving of the scalp unnecessary. I use neither sutures, pins, nor plasters, but simply take up a small lock of hair on each side of the cut, near the margin of the wound, and tie them with the surgeon's knot. This simple procedure produces good results, and as I don't recollect of ever seeing the suggestion in any medical works, I thought it would do no harm to give the hint to the profession.

Sweating as a Substitute for Quinine in Intermittent Fever.—Dr. Zeuna, of Tessin, writes to the *Schweizer-Correspond. Blatt*, that in cases of intermittent fever he puts his patient to

bed, administers a laxative of linseed or castor-oil, and keeps him upon a fluid diet. Later, on the day and a few hours preceding the expected attack, he gives him frequently small cups of hot tea to produce a general perspiration, which must not be checked. To more positively insure the sweating, he often applies sinapisms or other external diaphorhetics. If the sweat becomes profuse before the time for the attack, the fever passes away with it, never to return. Convalescence occupies a few days. Zeuna has practiced this plan of treatment since 1869, and claims that he has never yet failed to effect a perfect cure in cases of intermittent fever. Many cases, he says, were quickly relieved by this means after quinia had proved futile.—*Allg. Wiener Med. Zeitung*, June 26, 1877. (*Clinic*).

EMPYEMA AND INCISION OF THE CHEST.—Dr. J. H. Pooley, Sr., of Dobbs' Ferry, N. Y., writes: "As the treatment of empyema by aspiration and incision is now earnestly engaging the attention of the profession, the following case may prove interesting to some of your readers: About four months ago I was called in consultation to see a boy about six years old, who had been suffering from a severe attack of pleuro-pneumonia. When I first saw him he had not been able to lie down for several days and nights. He was supported on his mother's lap, had entire loss of appetite, great dyspnœa, rapid pulse, high temperature, and hectic fever—in short, was almost moribund. I diagnosed considerable fluid in the left side of the chest—probably purulent—compressing the lung, and pushing the heart to the opposite side. I proposed making a free incision in the intercostal space, where there were some redness and fulness of the integument. The attending physician and parents wished me to do what I thought best, as it seemed impossible for him to live much longer in such a condition. I directly cut between the ribs below the nipple, and evacuated nearly two pints of purulent fluid. His most distressing symptoms were soon relieved; he lay down that night and rested tolerably well. He was ordered quinine and iron, every six hours, with nutritious diet, beef-tea and milk-punch; soon

after, cod-liver oil, and made a rapid recovery. The discharge continued for five or six days, when the wound healed. The expansion of the lung took place gradually, and he is now in good health, showing only a scar on his side and a slight retraction of his chest. Perhaps we cannot often meet with such a favorable result, but it certainly ought to encourage us to repeat this plan of treatment."

A New Method of Detecting a Simulated Monocular Amaurosis.—Although we already possess numerous means for determining the existence of monocular amaurosis, the following new and simple diagnostic point, which has been recently pointed out by M. Galezowski, is both interesting and valuable. When the patient is turned towards a strong light, and the healthy eye is closed completely, the pupil of the amaurotic eye dilates. When the light first strikes the healthy eye the pupil contracts, and the pupil of the amaurotic eye contracts sympathetically; but when the healthy eye is closed the pupillary sphincter of the diseased eye relaxes. As a rule, this dilatation of the pupil can be readily seen with the naked eye; the simultaneous and equal contraction of the two pupils is seen to be succeeded by a slow and progressive dilatation of the pupil of the diseased eye, as soon as the healthy eye is closed. The pupil, as a rule, attains a diameter of four and one-half millimetres, but in some cases the dilatation is less marked, and can only be distinctly seen by the aid of a lens. It is impossible for malingerers to simulate this sign.—*Gazette Medicale de Paris*, May 26th.

Death from Chloroform.—A death from chloroform occurred at Mercer's Hospital, London, June 25th. The patient was an intemperate man, a waiter and billiard marker, aged 27 years. The occasion for the administration of the anæsthetic was the firing of the knee joint for synovitis. Accordingly, on the morning of the 25th, after having given the man, who was rather nervous and excited, an ounce of undiluted whiskey, chloroform

was administered by the experienced chloroformist to the hospital (the apothecary), by means of a Skinner's inhaler. Very soon the patient began to struggle, and within three minutes was under the influence of the anæsthetic. Almost simultaneously, and before any operative steps were taken, a peculiar change in the man's expression was noticed; the face became livid, and at the same moment it was reported that the pulse had become very weak, and then that it had stopped. The tongue was immediately drawn forward, the face and chest slapped with wet towels, a simulating enema given, and nitrite of amyl held to the nostrils, etc. Artificial respiration by Sylvester's method was at once commenced, and vigorously carried on for an hour and fifty minutes; but, although a few gasps and inarticulate sounds occurred, no sign of returning life appeared to reward the persevering efforts which were had recourse to for his restoration. An inquest was held on Wednesday; and the jury, having heard the medical evidence, returned a verdict that the deceased "died whilst under the influence of chloroform, in consequence of fatty disease of the heart." The *post-mortem* examination revealed an advanced stage of fatty deposition upon, and degeneration of, an enlarged heart. There was also a layer of fat on the pericardium, and old pericardial adhesions. The walls of the heart were pale and flabby; that of the right ventricle was thinner than normal. The cavities were dilated and empty. The valves were perfectly healthy, but the aorta was atheromatous. The lungs were extremely congested, and the base of the right hepatized and bound down by firm adhesions. The apices of both contained numerous nodules of caseous matter, which in several places had softened into small vomicæ. The liver, kidneys, and spleen were enlarged and congested. There was chronic gastritis and inflammation of the mucous membrane of the ileum. The coroner and jury and the legal adviser of the deceased widow expressed their opinion that the chloroform was properly administered, and that no blame was in any way attributable to any of the staff of the hospital.—(*Medical Record*).

THE DANGERS OF ETHER.—It has always seemed to us the height of folly to declare there could be no danger in any anæsthetic. The lesson taught by the late death from nitrous oxide has, it is to be hoped, been well learned, and we shall in future hear less of the absolute safety of any agent capable of depriving a person of all sensation. Some cases in which ether has been followed by alarming symptoms have lately been recorded. They have been termed syncope, but the word is not appropriate, as the heart continued to beat after respiration ceased. This is what should have been anticipated. When death is produced by ether the animal's heart continues to beat long after the arrest of respiration. The pulse is quickened by ether and maintains its force through a long state of anæsthesia. In these facts lies the safety of ether. But it should never be forgotten that there is danger at a certain stage, and the danger is from the side of the respiration, which at length ceases. Stertorus breathing proceeds from paresis of the muscles of the palate, and should lead to the ether being suspended. So respiration growing more and more shallow and less frequent is a warning, and should not be over-looked. It is very rare that the heart fails—perhaps never. Pallor is rare, too, and should excite attention if it occur. But, we repeat, the danger of ether is from the side of respiration, that of chloroform from the heart, and this fact goes far to explain their relative safety. In chloroform narcosis the danger is much more sudden. Ether gives warning.—*The Doctor*. (London.)

THE EMPLOYMENT OF CATGUT TO STOP BLEEDING FROM BONES.—Dr. Riedinger, in a paper with the above title, calls attention to the difficulty that is often experienced in checking hemorrhage from the nutrient vessels of the bones, after amputations and resections. Cauterization does not always succeed, and the introduction of small tampons of wax is contrary to the principle of antiseptic dressings. He recommends, as a substitute, the introduction of one or more bits of catgut into the vascular canal until it is completely obliterated. This is a method which he has himself employed with success, the hemorrhage being arrest-

ed at once. One great advantage of the catgut is that it is completely absorbed from the midst of the tissues, and does not interfere in the least with union by first intention. This has been proved by experiments made on dogs. (See Record, No. 300.) —*Centralblatt fur Chirurgie*, No. 16.

Another Case of Poisoning by the So-called "Homœopathic Solution of Camphor."—Mr. Philip Grubb, of Warminster, England, reports the following case: A young gentleman aged eighteen years, reading for Oxford, of fair average health, in whose family no trace of hereditary tendency to epilepsy exists, took, for the cure of a cold, seven doses of homœopathic camphor, between 6.30 A. M. and 12 noon. on April 11th. Each dose, he says, was three drops, but probably he took more than three drops each time. Within five minutes after taking the last dose, without the slightest warning, he had a severe epileptic fit, in which his tongue was badly bitten. Mr. Grubb did not see him during the convulsion, but the description given of it was such as to leave no doubt of its nature. It lasted more than fifteen minutes. After the fit, the patient felt, as he said "queer," and complained of a peculiar, cold sensation on the tongue, extending for about half an inch from the tip. After the immediate effect of the attack passed off, he was put on bromide of potassium, which, however, did not seem to agree with him. He was then ordered nux vomica, liquor potassæ, and infusion of cusparia. On May 7th he was all but well, though not quite what he was before the attack occurred.

The two labels on the bottle of camphor were as follows:

"Saturated Spirits of Camphor, as used by Dr. Rubini. Ten times the strength of the ordinary Spirit of Camphor."

"Concentrated Solution of Camphor. Dose, two or three drops on sugar, every fifteen minutes; less frequently when relieved." —*The British Medical Journal.*

On the Excretion of Indican and of Lime in Disease.—Prof. H. Senator, of Berlin, in the course of his investigations on

the quantity of indican excreted with the urine in various diseases, was struck with the fact that urine which contained an abnormally high percentage of indican was very frequently, but by no means always, remarkably rich in lime salts. In cases of pulmonary phthisis, for instance, an abnormally large quantity of lime is excreted with the urine, even when but small quantities of food are taken, and in spite of the existence of diarrhœa, and it is in this disease especially that the coexistence of large excretions of lime and indican is most easily demonstrated.

A similar coincidence is very frequently met with in children, in whom, as Dr. Senator has shown, the excretion of indican is very often abnormally large. Next to rachitis he thinks that glandular swellings are most frequently attended by increased excretion of lime salts.

In acute febrile diseases (pneumonia, typhus), the indican and lime salts do not increase *pari passu*, but rather the opposite. The difference is probably in part due to the influence of the diminished supply of food on the lime salts. Pleuritis exsudativa is the only one of these affections in which, notwithstanding the existence of fever, he has noticed an increase in the quantity of lime excreted.—*Centralblatt fur Med. Wissenschaften.*

Transfusion Successfully Performed in a Child.—At the stated meeting of the *Philadelphia Obstetrical Society* on February 1, Dr. A. H. Smith presented for Dr. Stokes, of Moorestown, N. J., the history of a case of transfusion in a boy nine years of age. The patient was suffering from an attack of typhoid fever, which ran the ordinary course until the middle of the third week. He then began to bleed freely from the nose and gums and to pass blood with his urine. The flow from the nose and gums was stopped by Monsel's solution, but would break out afresh on the slightest provocation. Every passage of urine contained, as nearly as could be judged, from two to five ounces of blood. Numerous petechial spots, varying in size from a silver dime to a half dollar, appeared on the skin. Despite the use of iron, alum, and gallic acid, the hemorrhage continued unabatedly for seven

days, when transfusion was determined on. Two and one-half ounces of the father's blood were injected into the median vein of the right arm. The oozing from the nose and gums stopped almost immediately after the operation, and urine passed half an hour afterwards containing neither blood nor albumen. On the second day after the operation the patient was exceedingly prostrated, and there was some bleeding from the nose, which, however, was readily checked by a spray of equal parts of Monsel's solution and water. The improvement was subsequently rapid, and in three weeks the patient was able to go down stairs.

The influence of the operation on the hemorrhages in this case cannot be denied. It is an important point, however, that the urine which was passed half an hour after the operation, and which contained neither blood nor albumen, had been collecting in the bladder for two hours before the operation. The fact that the blood transfused was defibrinated, is of interest in view of the opinion of Lesser (*Boston Medical Journal*, June 26, 1876), that the transfusion of defibrinated blood has no influence in arresting transudation from bleeding surfaces, but is only useful in restoring the nutritive fluid when the drain has been stopped.—*American Journal of Obstetrics*, April, 1877.

A Simple Means of Securing the best Posture for the Leg in a Case of Compound Fracture.—Dr. Banga, of Chicago, has invented a very simple method of securing a fractured leg in a good position. His apparatus consists simply of a smooth board, eight to ten inches wide and long enough to extend from the heel to the popliteal space, and some oblong blocks of wood. The leg having been put up in plaster-of-Paris, as soon as this has hardened, is raised over the board and secured in position at the proper height (from six to eight inches) by two piles of blocks, one beneath the ankle and the other beneath the popliteal region. Three turns of a plaster bandage are taken around the leg above the ankle, and the bandage next carried three times around both leg and board. Another roller is then wound tightly around the parts of the bandage which extend from the leg to the edge of

the board, so as to roll it up into round, slender cords, which are finally coated with plaster cream. A bandage is then similarly applied below the knee. When these have hardened completely, the block pillars are taken away, and the limb remains supported on the four slender pillars or stilts.

The advantages claimed for this apparatus are: that it is easy of application, and the material can always be easily obtained; that it renders the dressing of the wound easy for the surgeon and painless for the patient. All parts of the leg can be got at without difficulty, and dressings applied without moving tne limb at all. The stilts, though apparently slight, are very strong, and large portions of the bandage can when necessary, be cut away, without interfering with usefulness. When desired, extra stilts can be made without difficulty.—*Chicago Medical Journal and Examiner*, June, 1877.

Gastrotomy Successfully Performed in a Case of Rupture of the Uterus.—Dr. Hart, of Nieuwer Amstel, in Holland, relates a case of spontaneous rupture of the uterus, in which the patient's life was saved by gastrotomy. She was 37 years old, and was the subject of pelvic contraction. Of three previous labors, the first had been completed naturally after lasting three days; in the second and third the fœtus was extracted with difficulty by forceps. The fourth labor had advanced so far that a segment of the head was engaged in the pelvis, and Dr. Hart was about to use the forceps, when suddenly, while an examination was being made, violent uterine action took place, and considerable hemorrhage occurred from the vagina, after which all pains completely ceased. The fœtus gradually receded, and, after a few minutes, was out of reach, slight sanguineous discharge continuing. The pulse rose to 100, but remained full.

Nine hours after the rupture took place, gastrotomy was performed, Dr. Hart having been obliged to defer the operation in order to perform craniotomy in another case. The pulse had then risen to 126, and there was severe abdominal pain. The fœtus and placenta were found entirely within the peritoneal

cavity, the former lying in a dorso-anterior position. The uterus was firmly contracted. In the supra-vaginal portion of the cervix, anteriorly, there was a transverse rent 3 ctm. in length. As no bleeding was taking place, and there was not sufficient room between the rent in the uterus and the bladder, no sutures were employed, but the pelvis was carefully sponged out. Convalescence was uninterrupted, the temperature never rising above 38° C, ($100\frac{2}{5}$° F.), and the patient was able to go out of doors thirty-three hours after the operation.

Dr. Hart contrasts the success of this case with the results in a series of thirteen cases collected by Prof. Lehmam. In none of these was gastrotomy performed, but in most the fœtus was extracted by version or the forceps. All the patients died within a few days.—*Nederlandsch Tydschrift voor Geneeskunde*, 1876, No. 42, and *The Obstetrical Journal of Great Britain and Ireland*, June, 1877.

SALE VS. THE LOUISVILLE MEDICAL COLLEGE.

[*From the July number of the Chicago Medical Journal and Examiner.*]

Our readers, who have noticed a report of this suit in the June number of this periodical, may also hear "*alteram partem.*" Here is the account, as published over Dr. E. S. Gaillard's signature, in the "Richmond and Louisville Medical Journal":

"In September last, Mr. Sale, a medical student and the plaintiff in this suit, entered the college mentioned. He paid his fees. A few weeks subsequently he was offered (with others) free tuition in a Louisville Medical Institution. This offer was a part of the sworn testimony of the plaintiff. He accepted it and requested a return of his money. This request was of course not granted. He then asked for his tickets. He was told that this College never gave its tickets (the evidence of attendance upon a course of lectures) until the last month of the course. Had the tickets been given there would have been no suit, but they were withheld, and the suit invited. The plea in this suit was failure to comply with promises made. In the garbled version of the magistrate's

decision published in the "Courier Journal," and sent to the Medical Press everywhere, and to the alumni of the Louisville Medical College, it is admitted that this plea could not be, and had not been, sustained by the evidence. The so called "judgment" of the magistrate was given on the ground that the present Faculty were not legally elected.

"The Book of Minutes of the Proceedings of the Board of Trustees show that the members of the Faculty were not only legally elected by the present Board, but that one of the last acts of the old Board was to elect them (with one exception) before adjournment. It may be asked why was not this book produced and such a "judgment" prevented. The answer is simple; it was in possession of the persecuted Secretary of the Board of Trustees, Dr. B. M. Wible, who was ill and soon after died, and was found after his death, and after the so-called "judgment" had been rendered," and copies of it forced into a daily paper (which never publishes the petty business of a magistrate's court), and actively disseminated for purposes too evident to require indication."

How to Stop Coughing.—In a lecture once delivered by the celebrated Dr. Brown Sequard, he gave the following directions, which may prove serviceable to persons troubled with a nervous cough:

"Coughing can be stopped by pressing on the nerves of the lips in the neighborhood of the nose.—A pressure there may prevent a cough when it is beginning. Sneezing may be stopped by the same mechanism. Pressing, also, in the neighborhood of the ear may stop coughing. Pressing very hard on the top of the mouth inside is also a means of stopping coughing.—And I may say the will has immense power, too. There was a French surgeon who used to say, whenever he entered the wards of the hospital, 'The first patient who coughs I will deprive of food to-day.' It was exceedingly rare that a patient coughed then."

To Prevent the blurring of laryngoscopic mirrors, etc., moisten the surface with glycerine.—*Exchange.*

SUBSTITUTE FOR THE TOURNIQUET.—It has been customary to furnish workmen on English railroads with tourniquets for use, in case of accidents involving hæmorrhage, until medical aid could be obtained. On the London & Northwestern Railway, for the past fifteen months, elastic tubes have been substituted for the tourniquets, with such excellent results that large additional supplies have been ordered. The tube terminates in a hook at each end, and is simply applied while stretched, and the hooks fastened to each other. The advantage seems to be that much less skill is required in the use of the tube than in the application of the tourniquet, and that it is more certain in its action.

PROFESSOR N. R SMITH.

We have received too late for classification under the proper head, the following report of the Allegany County Medical Society:

A committee, having been appointed to draft resolutions of sympathy and respect upon the death of the late Prof. Nathan R. Smith, unanimously adopted the following preamble and resolutions:

WHEREAS, On the 3d day of July, Prof. Nathan R. Smith, M. D., of Baltimore, Md., departed this life at the advanced age of eighty-one years, therefore,

Resolved, That the Allegany County Medical Society, while mourning the loss of one of the most venerable and distinguished physicians and surgeons of the age, takes pleasure in testifying to the record of so honorable and successful a career.

Resolved, That, respected and beloved by all for his uprightness of character as a citizen, no less than as a physician, his name will be remembered with especial reverence by this Society as the distinguished Prof. of surgery for so long a time in the University of Maryland, the *Alma Mater* of many of us.

Resolved, That a copy of these resolutions expressive of our esteem and sympathy be transmitted to the family of the deceased, be spread upon the minutes of the Society, and published in the MARYLAND MEDICAL JOURNAL.

WARDLAW MCGILL, M. D.,
S. P. SMITH, M. D.
CHAS. H. OHR, M. D.,
O. M. SCHINDEL, M. D.,
E. H. PARSONS, M. D.,
Committee.

EDITORIAL.

EDUCATIONAL NOTES.

We find an article under the above heading in the August number of the *Sanitarian*, by Prof. McSherry, of the University of Maryland. Dr. McSherry enters an earnest protest against confining children too much in schools, and taxing them with excessive brain work to the manifest detriment of their physical organization. Education ought to be so conducted that the mind and the body may be both at once healthfully developed, without sacrificing the one to the other. He thinks sixteen hours a week enough for children to devote to mental labor; and that they should never be kept over one hour in the school-room at one time. At the expiration of the hour, the children should be sent out, and the room ventilated. This arrangement, he asserts justly, would be beneficial to both mind and body. He cites Mr. Chadwich to prove that children generally are not capable of more than three hours of study in one day; and that when more is forced upon them, their faculties, mental and physical, suffer in consequence.

Children crowded in a school-room with hot air in winter and all the exhalations that are given off by the healthy and unhealthy combined, must necessarily suffer more or less from ochlesis. Parents and physicians ought to protect the children from such evils. In confirmation of the fact of the crowd-poisoning, we may say that Dr. A. N. Bell, made a report to the school board of Brooklyn in which he says: That in some of the primary schools in that city, the children only have fifteen cubic feet of air space, when they ought to have at least a hundred and fifty! The Malthusian theory could not have proved more affective than this practice for keeping down redundant papulation.

We look upon this subject as one of extreme importance, involving not only local but national hygiene; one which requires earnest attention, or as Dr. McSherry says: "A matter of paramount importance in which all the people of the United States have an abiding interest." We trust the people will not overlook a matter which is of such universal and of such vital importance.

We invite the attention of our subscribers and others to the advertisements contained in the MARYLAND MEDICAL JOURNAL. By reading them they can keep themselves informed in many matters of interest and importance to the Profession.

Among our advertisements are many of new remedies, new preparations, and new appliances for the treatment of the sick which we can heartily recommend as coming up to the high standard claimed for them. We exclude all advertisement not thoroughly reliable, and for this reason can commend those published in this Journal.

We have received a letter from Dr. M. J. De Rosset, informing us that Case III, reported in his paper, 'Ophthalmic and Aural Notes,' had called to see him since his paper had been forwarded for publication.

The recovery of the patient was perfect, no diplopia, no swelling, and vision perfect. We received the Doctor's letter too late to insert this report in the body of his paper. As the case was one of unusual interest, the complete history is worthy of record.

BRIEFS.

BOYLSTON MEDICAL PRIZE QUESTIONS.—The following are the questions proposed for 1878:

1. Antiseptic Treatment. What are its essentails? How are they best carried out in practical form?

2. Diphtheria. Its causes, diagnosis, and treatment.

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1878, will be entitled to a premium of seventy-five dollars.

Dissertations on the above subjects must be transmitted post-paid, to J. B. S. Jackson, M. D., Boston, *on or before the first Wednesday in April*, 1878.

The following are the questions proposed for 1879:

I. The relation of animal contact to the disease known as Hydrophobia.

II. Evidences showing that so-called "filth diseases" are not dependent upon "filth."

The author of a dissertation considered worthly of a prize on either of the subjects proposed for 1879, will be entitled to a premium of two hundred dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1879.

Each dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President of the Committee, J. B. S. Jackson, M. D., in a distinct and plain handwriting, *and with the pages bound in book form*, within the time specified.

Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.

Preference will be given to dissertations which exhibit original work.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

Prof. Alpheus B. Crosby, Professor of Anatomy in Bellevue Hospital Medical College, died from apoplexy, at his country seat, Hanover, N. H., on August 10th. He was born in Gilmington, N. H. in 1832, and was, consequently at the time of his death, forty-five years of age. He received his academic and medical education at Dartmouth College, and shortly after graduation was appointed lecturer, and afterwards Professor of anatomy in that school. In 1871 he was appointed Professor in the Long Island Medical College, and shortly afterwards was elected to the chair of anatomy in the Bellevue Hospital Medical College, which position is made vacant by his death. During the war Dr. Crosby served as surgeon in a New Hampshire regiment and while stationed in Virginia met his wife, Miss Mildred Smith of Virginia, who with three children survives him. His reputation as a teacher and surgeon, although deservedly great, was scarcely equal to his social popularity, for he was one of the most genial of men. His death will be learned with great regret by all who knew him.

The Health of Mademoiselle Titiens.—Very erroneous reports have appeared as to state of Mademoiselle Titiens since her departure from London. As Mr. Spencer Wells was the operator, it was hastily assumed that he had removed an ovarian tumor, whereas

the symptoms were all due to obstructed intestine and chronic peritonitis, with effusion of fluid into the peritoneal cavity. Mr. Wells opened the cavity, removed eighteen pints of fluid, and released the intestine, with immediate relief to the urgent symptoms, and he had the great satisfaction of attending, with Dr. Howell. F. R. C. S., of St. John's-Wood, during recovery, which went on without a bad symptom. The wound healed by first intention, and Mademoiselle Titiens had taken two drives before she went to Worthing. The journey there, in a royal-saloon carriage badly coupled, was unusually trying, and for some days there was cause for anxiety, but the last reports are favorable.—*London Lancet.* (*Medical Times*).

Gratuitous Medical Opinions for Life Insurance Companies.—One of the great evils and nuisances at the present time is the frequent application of life insurance companies to physicians for gratuitous opinions as to the capacity and efficiency of medical men applying for the position of medical examiners. It is time for the Profession to cut short this system of polite mendicancy. The information sought is solely for the benefit of the insurance company, and should never be given unless a fee of at least five dollars be transmitted with the official request. Many companies assert that the information is asked of a physician for the benefit of his professional brother. This is only adding insult to injury; it is assuming that physicians can be so stupid as to believe any such fraudulent statement. Stop the nuisance; insist upon the fee, or refuse the information for which the company disreputably begs.—*American Medical Bi-Weekly.*

St. Bartholomew's Hospital.—Sir Sydney Waterlow has just got the consent of the governors of the hospital to a reconstruction of the theatre, museum, and library of the medical school, and to the creation of other accommodation for the education and instruction of students. This undertaking will cost over £50,000, towards which £750 per annum is to be contributed by the professors and teachers out of schools fees. But as the school is now the largest in the kingdom, except, perhaps, that of Edinburgh University, as the number of pupils is increasing rapidly, and as the wealth of the hospital is enormous and likely to be increased, it is good policy to spend money in adapting the school to the want of modern times.—*Lancet.*

THE SIZE OF LONDON.—London covers nearly 700 square miles. It numbers more than 4,000,000 inhabitants. It comprises 100,000 foreigners from every quarter of the globe. It contains more Roman Catholics than Rome itself; more Jews than the whole of Palestine; more Irish than Dublin; more Scotchmen than Edinburgh; more Welshmen than Cardiff. Has a birth in it every five minutes, and a death in it every eight minutes; has seven accidents every day in its 7000 miles of streets; has 123 persons every day, and 45,000 annually, added to its population; has 117,000 habitual criminals on its police register; bas 23,000 prostitutes; and has 38,000 drunkards annually brought before its magistrates.

AT a meeting of the Council of the Royal College of Surgeons, on July 12th, the recently elected members—Mr. J. E. Erichsen, F. R. S., Surgeon to University College Hospital; Mr. W. S. Savory, F. R. S., Surgeon to St. Bartholomew's Hospital; and Mr. Timothy Holmes, Surgeon to St. George Hospital—were introduced, and took their seats at the Council. Mr. G. A. Wright has been appointed Anatomical Assistant in the Museum of the College for the vacancy occasioned by the resignation of Dr. Goodhart.

MALE WET NURSES.—The *Journal des Sages Femmes* has a notice of a German physician in Pomerania who makes a specialty of supplying wet nurses. He excites the secretion of milk, independently of pregnancy. This is effected both in women *and men*. An applicant for a nurse is always asked whether a *male* or *female* is desired. The *former* is preferred by some families under the belief that greater vigor is thus imparted to the offspring.—*Canada Lancet, June.*

Professor Balfour has resigned the office of Dean of the Medical Faculty in the University of Edinburgh, which he has held for upwards of thirty years. This step has not been rendered necessary by any failure of health or power, but by the increasing demands made upon his time and energy by his enormous botanical class, which, like his botanical text-book, is the largest in the world, numbering above three hundred students.

INTERNATIONAL MEDICAL CONGRESS.—The next meeting of this Congress will be held in Geneva, September 9th. The subjects of

essays and discussions are arranged under six heads, viz.: Medicine, Surgery, Gynecology, Public Medicine, Biology, and Ophthalmology. Many distinguished gentlemen have promised contributions. There will also be an exhibition of surgical and other instruments and appliances.

Dr. J. Marion Sims, is at present sojourning in San Francisco. He was requested by the Profession of that city to give a series of lectures on subjects connected with his specialty, Gynecology, which he consented to do. His first lecture was on the uses of his speculum, his second on hemorrhages from the unimpregnated uterus; and third on the removal of fibroids and polipi.

A United Special Hospital.—A scheme is on foot in London for the establishment of a large hospital composed of separate department, each devoted to special diseases. It is thought that in this way one general medical staff may be able to superintend the whole institution, and that the material may be rendered more valuable for purposes of clinical instruction.

Sir Robert Christison, who has been in failing health for some time, has resigned the Chair of Materia Medica in the University of Edinburgh, which he has held with much distinction since the year 1832. Sir Robert, before being appointed to the Chair which he has now relinquished, had filled, for ten years, that of Medical Jurisprudence.

The Canadian Medical Association.—The annual meeting of this association will be held in Montreal September 12th, under the presidency of Dr. Hingston. Dr. David, of Montreal, is Secretary, and will be glad to receive communications from those intending to take part in the proceedings.

Oscar, the King of Sweden and Norway, has, through the Minister at Washington, Mr. Lewenhaupt, conferred the decoration of Knight Commander of the Norwegian Order of Olaf upon Professor Wm. Pepper, in acknowledgment of services rendered to the Norwegian Commission at the Centennial Exhibition.

PRINCE MILAN has conferred the Gold Cross of the Takowo Order upon Mr. Wm. Collingridge, in acknowledgment of services rendered during the Turco-Servian war. Mr. Collingridge was the first English surgeon upon the Servian field.

The State of Kentucky has not a single Board of Health of her creation, and in the largest city of the State (Louisville) the municipal Council has abolished the entire health organization; a most remarkable measure.

THE FORTY-FIFTH ANNUAL MEETING of the British Medical Association will be held in the Owens College, Manchester, on Tuesday, Wednesday, Thursday, and Friday, August 7th, 8th 9th, and 10th, 1877.

THE EIGHT ANNUAL MEETING of the American Association for the cure of Inebriates will be held at Chicago, Ill. September, 12th, 1877. Important papers will be read, and business transacted &c.

THE MARYLAND MEDICAL JOURNAL—Is kept on sale, regularly, at the office of the Baltimore News Company, S. E. Corner of Baltimore and South Streets, where copies of any number can always be had.

BOOKS AND PAMPHLETS RECEIVED.

THE PROPHYLACTIC TREATMENT OF PLACENTA PREVIA. By T. Gaillard Thomas, M. D., Professer of Obstetrics and Diseases of Women and Children, College of Physicians and Surgeons, New York.

A CASE OF ABDOMINAL PREGNANCY TREATED BY LAPAROTOMY. By T. Gaillard Thomas, M. D., New York. Reprint Vol. I, Gynæcological Transactions, 1876.

A SERIES OF AMERICAN CLINICAL LECTURES, edited by E. C. Seguin, M. D.—*Vol. II, No.* 12, *Peripheral Paralysis.* By F. T. Miles, M. D., Professor of Anatomy and Clinical Professor of Diseases of the Nervous System, in the University of Maryland, Baltimore, Md. G. P. Putnam & Sons, New York.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF MISSOURI, at its Eleventh Annual Session, held in Kansas City, April 1877. Chas. H. Davis & Co., St. Louis, Publishers and Printers.

ON THE DIAGNOSIS OF URETHRAL STRICTURE, by Bulbous Bougies, with Illustrative Cases. By J. William White, M. D. Reprinted from the *Philadelphia Medical Times*, May 26th.

THE WOMAN'S HOSPITAL IN 1874. A reply to the printed circular of Drs. E. R. Peaslee, T. A. Emmett, and T. G. Thomas, addressed "To the Medical Profession," May 5th. 1877. By J. Marion Sims, M. D., Founder of the Woman's Hospital of the State of New York, and formerly Surgeon to the same. New York: Kent & Co., Printers. June, 1877.

NOMENCLATURE AND CLASSIFICATION OF DISEASES OF THE SKIN. By L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department, Demilt Dispensary, New York; Attending Physician for Skin Diseases at the Out-Patient Department of tne New York Hospital, etc. New York: G. P. Putnam's Sons. 1877.

MECHANICAL PROTECTION FOR THE INSANE. By Eugene Grissom, M. D., L. L. D., Superintendent of the Insane Asylum of North Carolina.

SEVENTH ANNUAL ANNOUNCEMENT OF THE BELLEVUE HOSPITAL MEDICAL COLLEGE, Session of 1877–78, New York.

SOLUTION AND ABSORPTION OF MEDICINES, or the Best Means of Securing the Good Effects of Medicines in the Cure of Disease; A paper read before the Tri-States Medical Society at Vincennes, Indiana, November 22, 1876. By J. W. Compton, M. D., Professor of Materia Medica and Therapeutics in the Medical College of Evansville, Indiana.

Reply to Dr. J. Marion Sims' Pamphlet, entitled "THE WOMAN'S HOSPITAL IN 1874," by his former Colleagues, Drs. E. R. Peaslee, T. A. Emmet, and T. G. Thomas. Trow's Printing Company, New York. 1877.

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ORIGINAL PAPERS.

CHRONIC CORPOREAL ENDOMETRITIS.— A TYPICAL CASE.

BY T. CHALMERS DOW, M. D., PROFESSOR OF GYNÆCOLOGY AND DISEASES OF CHILDREN, NASHVILLE MEDICAL COLLEGE, TENN.

He who treats to a successful issue a case of Chronic Corporeal Endometritis heaves a great sigh of relief and feels that he has accomplished something far above the ordinary achievements of the Gynæcologist. The stubborn character of the disease, its chronic nature, the prognosis, always grave with reference to a cure, all conduce to gratify his professional vanity, while if he has failed, as so many have done, he is consoled by such an utterance as even Scanzoni expressed, that "as for ourselves we do not remember a single case where we have been able to cure an abundant uterine leucorrhœa of several years' standing."

In most cases no one might doubt his ability to ameliorate the most prominent symptoms, but a cure must be restricted to those cases which are recent, and where the prognosis is favourable as defined by existing rational and physical signs.

A great drawback, that the medical attendant labors under, is the fact that he is rarely called upon to treat cases that are recent; for it is a well established tradition, that women are silent sufferers when the sexual apparatus is the seat of any derangement.

There has been much discussion, of late years, in regard to the frequency of this affection. The most excellent authorities, have decided *pro and con*; the present state of its pathology must be

regarded as unsettled and only to be decided after more thorough and reliable statistics shall have reconciled conflicting statements.

Perhaps many cases which pass for Corporeal Endometritis are, in reality, purely cervical, allowed to be a glandular disease, the utricular follicles being the seat of the disorder, and the exaggeration of their secretory function, producing the pathognomonic uterine leucorrhœa, it would appear a rarity for the two affections to be segregated, and that they would always be coëxistent. It has been declared from an able source, that the most frequent locality of uterine inflammation is that portion of the uterus below a line running across it through the os internum, and while the lining membrane of body and cervix may be simultaneously affected, this is the exception and not the rule, generally either one or the other portion of the organ being the seat of the disease. Differential diagnosis and physical exploration must declare the existence of one or both.

A long list of predisposing and exciting causes has been enumerated but, unlike most other uterine affections, it cannot always be treated with direct reference to the cause. As a complication of subinvolution of the uterus it is more commonly observed than as a consequence of all the other causes combined.

On the 31st July, 1874, I was called to see Mrs. J., æt. 30; found her confined to bed and much debilitated; she was the mother of four children, but had labored under sterility seven years, or since her last confinement. In the interim she had been a constant, silent sufferer; she had borne up as long as she was able, until nature rebelled at the imposition, forcing her to declare her sufferings. With tears and lamentations she consented to an examination, which revealed a condition of heat and tenderness about the vagina, prolapse, os abnormally large and the sulcus of a fissure or rent on the posterior lip; she thought the latter was the initiation of all her troubles and stated that it occurred in her last confinement, from too hasty expulsion of the child.

Sims' speculum gave evidences of the tenacious, rust-colored mucus exuding from os. The probe passed to fundus, showed length of uterus to be abnormal, and created much discomfort.

Conjoined manipulation found great sensitiveness in body of organ. Dysmenorrhœa had given her much trouble. Pain in the back, groins and hypogastrium had been constantly present. She had developed numerous nervous symptoms; neuralgic headache was especially prominent, with hysterical symptoms, a pronounced tendency to sadness and weeping. Disorders of certain nervous influences, which are said to govern peristalsis, and give tone to the intestinal muscular tissues, had induced obstinate constipation.

I immediately gave special attention to sustaining and improving her general health. Rest in bed, hot *douche* to uterus three times daily, and at night the glycerine tampon. This course was persisted in for a fortnight and the application of alteratives to the diseased surfaces then commenced, after thorough dilatation of cervical canal.

I first made use of Dr. Lente's nitrate-of-silver apparatus, but such intense pain was excited and uterine contractions being so powerful, that the silver probe or pôrte caustique would be grasped and firmly held, preventing its withdrawal for several minutes; uterine colic was also produced, although the treatment was preceded by the hypodermic use of morphia. After giving the silver a fair trial, it was abandoned; after each application the leucorrhœa would be more violent than before. Nitric acid was used, but without avail. Saturated solutions of copper and zinc did not seem to mitigate her case. Resort was then had to the officinal tinct. Iodine, carefully sponging the whole intra uterine surface, the applications being made three times weekly, and each application followed by the glycerine tampon. This treatment had the most beneficial effect, as compared with former medication; sponges were passed over the diseased surface first to remove the mucus, and the iodine then applied with mops of cotton.

Treatment in this case was continued during ten months; any omission of it, in this time, would be followed by a relapse and an increased secretion of the leucorrhœa. As soon as she was pronounced well, she became pregnant, and a sterility of over seven years was relieved. I attended her in her confinement on June 3rd, 1876, and noted several points of interest; she had

literally a dry labor; there was no bag of waters, no amniotic discharge, there was retained placenta, which had to be forcibly detached. Another strange feature in the case presented itself; the infant was a female, large, well-developed, and shortly after birth commenced to urinate blood; the urine would pass off clear and the blood would follow, would collect on the napkins, averaging one or two ounces daily; this symptom persisted for several days, and seemed to give the infant no pain or inconvenience, nor did it cry; in three or four days it disappeared without treatment.

Mrs. J. has since her confinement kept well, nor does there seem any disposition for a return of her disease.

CASE OF EXTREME MUSCULAR ATROPHY OF THE LOWER EXTREMITIES.—NEURITIS(?).—RECOVERY.

BY F. T. MILES, M. D., PROF. OF ANATOMY, AND CLINICAL PROF. OF DISEASES OF THE NERVOUS SYSTEM, UNIVERSITY OF MARYLAND.

Blake, aged 37, medium height, laborer, was received into the Baltimore Infirmary September 18th, 1876. His lower limbs presented a remarkable Muscular Atrophy, affecting the thighs and legs, the muscles of the feet not being much affected. The left thigh and leg were most atrophied, indeed so much reduced in size that, grasping just above the knee, I could very nearly make my thumb and middle finger touch around the limb. The left leg was flexed at an acute angle on the thigh, and the thigh somewhat flexed on the pelvis. Patient could make but very slight voluntary movements in these joints, and passive motion could only be carried to a limited extent, and caused pain if an effort was made to overcome the resistance. The knee and hip joints of the right leg were also partially flexed, but could be brought to a position of nearly full extension, partly by voluntary movement, partly by the patient extending them with his hands. This extension of the right leg was also productive of

some pain. The ends of the bones forming the knee joints, particularly of the left, appeared enlarged, even where allowance was made for the great reduction in size, of the thigh and leg. The feet were in a position of moderate valgus.

There was no paralysis. The patient could impress some though a very limited amount of motion on the knee and hip joints, and move the toes feebly—an activity about as great as could be expected from the extremely atrophied muscles and stiffened joints. It was difficult to decide as to the sensibility of the affected limbs, but it appeared to me that it was diminished. When at rest he suffered no pain.

The electrical examination showed that in neither limb could contractions be obtained with either the Faradic or Galvanic current.

His back in the lumbar region was straight and flat, wanting the natural concavity of that region, otherwise presenting nothing abnormal. There was no pain elicited by pressure along the spine, nor did pretty hard thumping cause any feeling of uneasiness. His arms and hands were thin, but possessed a very fair share of strength. Mind clear, disposition cheerful. Appetite and digestion good.

His mode of progression was peculiar. He crawled in a sidelong fashion on his hands and right knee, the arms being the motor power, the right leg assisting to a limited extent, the left being dragged along.*

The history he gave of his case is as follows: About the middle of February of the same year, as he was returning home from work (building a fence), his attention was attracted to a pain in the right lumbar region which he attributed to working in a stooping position. This pain increased, and continued for some time, (he thinks about a month) but did not cause him to stop work; it then "went into" his right hip and leg, which began to "waste," and gradually became flexed so that he could get only the ball of the foot to the ground. He continued to go about with the aid of a stick. After a long time (patient was in-

*His mode of progression acquired for him amongst his fellow patients the descriptive soubriquet of "crab."

definite as to the duration of the stages of his sickness,) "the pain, and soreness left his right leg and returned to his back," and then the left hip and leg became very painful, and the limb began to waste and become flexed, as the other had done. During this time the right leg improved. From the account of his case by the patient, it was impossible to acertain if sensation in the lower limbs had been in any way affected during his sickness, or if pressure over the course of nerves had caused pain, when he was first attacked. There had been no paralysis of bladder, or sphincter ani. About the middle of July when he began to crawl about, and drag his wasted limbs after him, an ulceration occurred below each patella. The one on the right limb soon healed, that on the left was very tedious, and a long time getting well.

I expressed the opinion, at the time of his examination in my clinic, that the affection was not a poliomyelitis, which was the impression produced by the first glance, as there was no history of even a temporary paralysis, the loss of power being gradual, and going pari passu with the muscular atrophy. Progressive muscular atrophy was excluded by the mode of invasion, rapidity of progress of the atrophy, and the complete loss of electric contractility in muscles where voluntary movements, though feeble, were still retained. And I ventured the opinion that we had to do with a peripheral, not a central trouble, and called the attention of the class to the more favorable prognosis resulting from this diagnosis in general, though I frankly confessed I had little hope of improvement in this individual case.

The treatment consisted in the daily use of the Faradic current to the muscles and nerves of the lower limbs, a treatment which was carried out with the greatest intelligence and patience, by my clinical assistants.

The improvements in the size and power of the muscles (though they did not respond to the current) was soon apparent, and continued steadily. Early in November he complained of pain in the region between the crest of the left ilium and the umbilicus, also of some pain in the back and legs. A blister near the seat of pain, and the galvanic current (the anode applied over the

painful spots,) relieved him promptly. From this time the galvanic, and Faradic currents were used alternately on the limbs of the patient. Improvement continued, the right limb gaining in size and strength faster than the left, the stiffness of the knee gradually yielding, so that the leg could be straightened. November twenty-first, he began to walk a little on crutches, though the left leg could not be straightened sufficiently to permit the foot to touch the floor. What had been suspected was now apparent, viz: that the hip joint had undergone such morbid changes, (arthritis deformans) that the thigh could not be extended on the pelvis. There was not a dislocation of the head of the femur. The ends of the bones entering into the knee joint were also enlarged and somewhat deformed, and the joint could not be entirely straightened.

From this time his progress in walking with his crutches was pretty rapid. The right limb regained nearly its normal size, (only the vastus externus remaining somewhat atrophied) and its strength was fairly good. The left limb also improved, getting to be almost as large as the right, but on account of the deformity at the hip joint, he could only touch the ball of the foot to the floor, using it nevertheless in walking. He left the Hospital in January 1877, in excellent health. Just before he went I tested the electrical reaction of the lower limbs, and found that with a double cell Stöhrer's Faradic battery, a current as strong as he could bear, causing indeed considerable pain, failed to cause any contractions. A galvanic current, which tried on the lower limb of another man, elicited strong movements, produced only very slight contractions in our patient.

We have, I think, in the preceding account, the history of a case of neuritis migrans, a disease sufficiently rare, but nevertheless, I believe, oftener seen than recognized, and deserving of far more attention than it has until recently received. The sudden invasion and character of the pain, its persistence (distinguishing it from neuralgia) the early muscular atrophy, without loss of voluntary power, the invasion of the second limb in the same manner as the first, the loss of Faradic contractility, the unimpaired power of the bladder and of the sphincter ani, the deformity

of the joints without acute symptoms, and, finally, the tolerably rapid restoration of the atrophied muscles all speak for it directly, or by exclusion. I suppose a neuritis to have first attacked the right lumbar plexus of nerves, then to have involved the sciatic, after a pause to have repeated itself on the opposite side. That no apparently adequate cause for such a grave chain of morbid processes is found in our case, coincides with the history of some of the gravest cases of neuritis that have been recorded.

One point of interest in the case is the extreme muscular atrophy, and subsequent restoration. Muscular atrophy though not a necessary result of a neuritis, is nevertheless extremely apt to be an accompaniment of it and, as Nothnagle has shown, in peripheral affections of the nerves speaks strongly for it. Some consider its occurrence in cases of neuralgia as proof of a neuritis. [Lasègue, Friedriech]. How this atrophy is brought about, whether caused by a gradual extension of the inflammation of the nerves to the muscles, or by the implication of trophic nerves, disordering nutrition, is at present an undecided point. The occurrence of muscular atrophy over such an extended region and its disappearance, should make us cautious in diagnosis and prognosis, where it is the main feature of cases whose history is imperfect or doubtful, as doubtless an unobserved neuritis is at the root of many instances of wasted muscles.

Another point of great interest in the case before us is the progress of the diseased condition from one limb to the other *without implication* of the *spinal cord*, or its membranes, so far as we can judge by the symptoms. Very much more frequently have cases been observed where a neuritis has ascended to the cord and its membranes, secondarily affecting them [Damènil] and Nothnagle has shown the great probability of the brain being affected in some instances by such a progressive advance of the disease. Nevertheless, cases have been observed of this springing across the cord, as it were, and notably one published lately in Virchow's Archives, by Eichhorst, in which all four extremities were attacked successively by a neuritis, and in which after death a very careful microscropic investigation failed to show the slightest changes in the nerve centres, while the nerves of the extremities

presented the unequivocal alterations due to inflammation. Klemm's experiments on animals demonstrate clearly this springing mode of progression of neuritis along nerve trunks, and from limb to limb without the participation of the cord, or its membranes.

It is needless to enlarge on the importance of an early and correct diagnosis in a disease which may lead to such grave results, nor to point out how a pain vaguely attributed to "rheumatism," or "neuralgia," (those dust holes, into which we cast so many symptoms we are too indifferent to investigate,) may be the commencement of a neuritis, which, creeping down, may induce atrophy of muscles, or, ascending, cause disease of the cord or its membranes, or even implicate the brain, producing such fearful results as epilepsy. [Nothnagle, Virchow, Deffenbach, &c.] I shall not at this time go into the therapeutics of neuritis, but only remark, that the treatment of the case recorded, by the Faradic current, seemed to be followed almost immediately by improvement, though the atrophy had remained in statu quo, for some time previously. It also appeared to me and to my assistants, that a more rapid improvement took place after the commencement of the use of the galvanic current.

ON THE TREATMENT OF CHOREA.

BY WILLIAM LEE, M. D., BALTIMORE.

Before relating what seems to me to be the treatment suited in cases of Chorea, I shall give, in a concise manner, some of its causes and consequences. We all know that the disease is not, in a literal sense, a mere accidental trouble; and, further, that the cardiac disturbance, so often associated with it, is secondary and not anterior to the nervous trouble. That the disease has its origin in the nerve centres, I think, now, is generally believed and that, as these centres become affected—vascular distension takes place, followed by congestion and extravasation. From this, and its relation to other neuroses—as the occurrence of it in families

who are affected by epilepsey and insanity, we seem led to believe, it is a nervous and not a vascular trouble; further, we have this shown by the proclivity to it in those of a nervous mobility, such as timidity, vivid imagination, and those who are commonly called precocious. Also may be added the fact that at least a fourth of Chorea cases, which come under the notice of a Physician, owe their existence immediately to mental emotion. Next to these Rheumatism claims our attention, for it often brings about a condition which seems by preference to court Chorea; and I have noticed that should there be much cardiac disturbance we were sure to learn from the history of the case that at some previous time the patient had a slight attack of rheumatism. In speaking of the treatment of Chorea, first in importance to be noticed is what I call general treatment, for it is more to the point than special, as in almost every case it is needful to prevent our patient becoming almost worn out from this disease before we can expect even to look further in an attempt to cure. They need sleep, liberal feeding and stimulants; the first we obtain by Bromide of Potassium, Hydrate of Chloral and frequent bathing in water, used at the proper temperature. Of the three, I prefer that of the latter, it being most beneficial and decidedly without injury in its effects, which cannot be said of the other two; but in using it great care must be taken to avoid alarming the patient, particularly if we are treating a very young person. The next thing that claims our attention, is the violent and erratic movements, which must be restrained; this is the chief way exhaustive effects of the disease show themselves. I have twice done much good, in the way of restraint, by tying the feet together, and firmly fixing the chest with a sheet. This can also sometimes be done by an arrangement of pillows along each side, and closely adapting them to the body; the agitation of the limbs, being in themselves a great source of alarm and discomfort, any gentle means of preventing the emotion will be acceptable to the patient. Rest in bed is itself a great curative means; several cases have been benefited in this way whilst under my care. Of the many symptoms found in this disorder, constipation, as in most nervous troubles, is very prominent; for this small doses of Podophyllin

often repeated, as the case may be, will prove very satisfactory in its effects. After we have so benefited our patient, as to be able to give direct attention to more special symptoms, the superiority of sulphate of zinc, over other drugs, claims our attention, particularly in the very acute forms of this disorder; antimony, arsenic and iron also influence the disease in question, but not to any extent. As the duration of Chorea in many cases is indefinite we are advised by books to continue the zinc treatment until the acute form has merged into the chronic; but I have found that it only does good up to a given time, which is shown by the patient's complexion, assuming a bright and clear color, also that when this point is reached the zinc not only becomes injurious, but if continued, marked anemia shows itself. Should this state of things happen, iron, combined with the zinc, sometimes does good; as a rule however, iron and quinine act much better.

In the less acute type Valerianate of Zinc will be found of especial use, particularly when the attack has with it some of the characteristics of Hysteria. Trousseau says: "Zinc does best with florid, and Iron with pallid children."

In the slight forms of this disease, as where the symptoms are shown, only by an occasional twitch or grimace or some awkwardness in the limbs, arsenic is of most benefit, if given in small doses and continued a long time. Electricity and the use of the gymnasium are both highly spoken of, but I have never seen much good from either.

Finally, when medicines seem to be of little, if any use, a change from town air to country air, or the sea side, will prove the most curative in their effects.

A full appreciation of the difficulty, often experienced in curing Chorea, has been the motive which prompted me to place before the medical profession the result of my careful observations, and should any good accrue therefrom, I shall feel amply rewarded.

REPORTS OF CASES.

A CASE OF PUERPERAL CONVULSIONS, OCCURRING FOUR DAYS AFTER LABOR.

BY THOMAS OPIE, M. D., PROF. OF OBSTETRICS, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

Florence D., was admitted May the 9th, 1877, as a private patient at The Maryland Lying-in Asylum. She is unmarried, a primipara, 16 years old; has been menstruating since she was 14, has not attained to full growth. During the last three months of her pregnancy, she has been greatly troubled with pyrosis, vomiting and persistent, and copious diarrhœa. Her urine has been constantly loaded with albumen for two months, but had no tube casts in it. She has complained frequently of headache and muscæ-volitantes. There has been a great deal of œdema of the lower extremities and for a few days before labor, considerable puffiness of the face and hands. We confidently predicted convulsions, not, however, because of the albumen in the urine but that along with the large amount of it, were the three significant symptoms, headache, moats before the vision, and œdema of the upper portions of the body.

Labor pains commenced at 5 A. M. July 29th, and ended with the birth at 2 P. M.; the dilating stage occupied the time up to 12 M. The expulsion was comparatively easy except some delay in the head passing the vulva; chloroform was administered intermittingly and with the recurrence of each pain. There was very little discharge along with the secundines. During the 1st, 2nd and 3rd days after labor she got along well, conversed freely and intelligently, was cheerful and had a sharp appetite. On the 2nd day the breasts were strapped with adhesive plasters which entirely prevented the secretion of milk.

I received a summons to her on the 4th day; reached her at 7 P. M.; she had had a slight convulsion at 4 P. M. which lasted

three minutes and another of the same duration and intensity at 5-30 P. M. Dr. Wm. Gombel, Resident Physician, administered Chloroform during the paroxysms and after the second one, ordered 30 grains of Hydrate of Chloral by enema. At 7 a pint of urine was drawn by the catheter and one-quarter grain of elaterium directed, to be repeated in three hours if it did not act briskly. After the purgative had operated freely, she was to have ten drops of Magendie's solution hypodermically. Her stomach rejected both doses of elaterium. The morphia was given at 11 P. M. to allay nervousness and promote rest. The following morning 15 grains of Calomel was given, which acted freely, also 25 grains of Citrate of Potassa every four hours.

The following accurate record was kept of the pulse and temperature by Dr. Gombel. Examinations from time to time, prior to labor and after it, up to the fourth day gave, with slight variations, a temperature of 98½ and pulse of 80.

RECORD OF TEMPERATURE AND PULSE, BEGINNING FOURTH DAY AFTER LABOR.

Day.	Temperature.	Morning.	Evening.	Pulse.	Morning.	Evening.
4	"	98½	99½	"	80	112
5	"	99½	99	"	112	108
6	"	98½	100	"	88	108
7	"	98	99	"	96	104
8	"	98	99½	"	92	92
9	"	98	100	"	92	96
10	"	98½	99	"	84	104
11	"	98½	98½	"	76	108
12	"	98	98½	"	92	96
13	"	98½	98½	"	100	52
14	"	99	99	"	132	76
15	"	98½	99	"	88	132
16	"	98½	98½	"	92	92
17	"	98½	98½	"	88	104
18	"	98½	98½	"	96	92
19	"	98½	98½	"	94	88

It being the rule at the Maternité to test the urine of all the patients awaiting confinement, every week, we detected the presence of albumen in her case very soon after her admission. We were thus enabled to give her the benefit of prophylactic treatment and ward off what might otherwise have proven a serious if not fatal attack.

The diarrhœa was, in view of the uræmia, considered a proper derivative drain and was not checked; indeed small doses of Bitartrate of Potassa were exhibited, when necessary to keep it up. Tonic doses of Quinia and tincture of the Chloride of Iron were given and a generous allowance of eggs, milk and beef tea, but no solid meats. We were lulled into false security by escaping the convulsions prior to and immediately after labor. We ceased to consider the vicarious discharge by the bowels requisite and did not give the usual post-partum purgative. I am not able to recall from my experience any other puerperal case in which convulsions commenced so late as the fourth day after labor. When we reflect that there was very little discharge to accompany the secundines, that the lochia had been all the while scanty, that there was total arrest of the milk function, and at the same time torpid bowels, quite a complete blockade of the powers of elimination, we are not surprised that she had uræmic convulsions.

The physical signs established the fact that there was extraordinary enlargement of the heart, especially hypertrophy of the left ventricle, with displacement of the organ to the median line of the thorax.

The accompanying table shows quite an equable state of temperature, at no time rising above 100°. The pulse was all the while, except when controlled by medication, over 80. There was not the usual subsidence of the pulse below the normal beat after labor and on the 14th day it ran up as high as 132.

We realized a happy effect from three to five drop doses of tincture of Veratrum Viride which kept down the frequency of beat and together with infusion of digitalis seemed to tone the heart. On the 13th day it will be observed that the pulse was 100 in the morning—a ten drop dose of tincture of Veratrum Viride, reduced it to fifty. The next day the pulse advanced to 132, ten drops again brought it down to 76. There was such feebleness of circulation and depression of the heart's action while under the influence of ten drop doses of Veratrum, that I feared to repeat them, as is the practice in ordinary cases of arterial excitement. The action of Veratrum in

reducing the heart-beat so suddenly and decisively, suggested the possibility of there being a peculiar impressibility of the heart by this medicine, while undergoing the changes incident to the period of involution.

This young woman furnishes a sad but forcible reminder of the distinction which Dr. Matthews Duncan has so cleverly drawn between puberty and nubility. She had menstruated for two years prior to her conception but had not attained to full structural development either in shape or size. She was not qualified mentally, morally or physically, for the cares of maternity, in fine was not nubile. Dr. Duncan adduces abundant statistical proof of the extraordinary mortality attendant upon first labors and urges that this risk should be taken at the most favorable age, which he demonstrates to be, between twenty and twenty-four years.

CORRESPONDENCE.

SCALP WOUNDS.

Editors Maryland Medical Journal:

Dr. K. E. Rice's manner of treating wounds of the Scalp, as published in the *Chicago Medical Journal and Examiner*, and mentioned in the last number of your Journal, by tying together a small lock of hair on each side of the cut, was long ago suggested by Prof. S. D. Gross as expedient in simple scalp wounds.

While this method possesses the great advantages and conveniences of dispensing with sutures, pins, adhesive plasters, and shaving of the scalp, and at the same time favors union by the first intention, yet it has proven with me to be impracticable for two reasons: first, the nature of a lock of hair will not admit of forming into a secure knot; second, the great majority of men wear the hair too short to admit of its being tied. I have for several years used a simple modification of this method, which I think effectually overcomes the above objections.

After all hemorrhage, washing and drying of the wound, a

small lock of hair is raised upon each side of the cut, at corresponding points, and then crossed upon each other, as in the first act of tying a plain knot, and while being thus held, are touched with a melted point of sealing wax, so as to be securely united together. The danger of complicating this class of wounds by the use of sutures and pins, and the extensive shaving of the scalp, which the use of adhesive plasters demand, is thus entirely obviated.

T. W. SIMMONS, M. D.,

Hagerstown, Md., September 5th, 1877.

TRANSLATIONS.

A New Sphygmograph and New Observations on Sphygmographic Curves of the Radial Artery.—By Sommerbrodt, (*Breslau*, 1876).—The author complains that the apparatus of Marey records errors by the action of the pen; he has constructed a new one, which is nothing but a modification of the angeiograph of Landois. It only differs from the latter, in that it has but one arm instead of two, and that the pressure on the artery is stronger. The instrument is attached in the ordinary way but there is no possibility of lateral displacement.

This invention records the influence of respiration on the pulse. It proves the truth of the opinion of Waldenburg, who taught that an inspiration of compressed air augmented the arterial tension. It also shows by tracings taken from healthy individuals, that the lines of ascent and descent are projecting and reëntering, but otherwise perfectly normal, thus indicating the very elastic condition of the arterial walls.

Painful Enlargement of the Breast in Hysterical Women.—By B. Connard, (*These de Paris*, *No.* 147).—M. Connard adds two cases to the number already mentioned by Willis and Watson, under the name of hysterical breast. He gives the symptomatology of this rare affection. Its invasion is often sudden and the malady rapidly reached its mxaimum of intensity. It is ushered in by a sense of uneasiness, formication, which is soon trans-

formed into lancinating pains, becoming almost intolerable. In some cases the skin is changed, in others it becomes red, hot and swollen and remains so until the end of the exacerbation. In the mean while the gland enlarges to an enormous size. The ovaries are sometimes in sympathy. This condition lasts from one to three days. These troubles generally coincide with the period of menstruation or an hysterical attack.

The treatment consists of a proper support, narcotic fomentations and finally compression. Opium internally or hypodermic injections of morphia, give prompt relief.

THE EFFECT OF THE DEAD FŒTUS IN UTERO.—BY LIZÉ, (*Gazette Obstetricale* 1876).—Lizé publishes eleven observations in a series of articles, in which he makes mention of a dead fœtus retained in the the uterine cavity. As long as the bag of waters remained intact, no symptom of blood poisoning could be observed; as soon, however, as the amnion was ruptured, putrefaction of the child resulted from contact with the external air and septicæmia was manifested. All his observations are not proof positive, but he concludes that as soon as the membranes are broken, it is necessary to extract the fœtus without delay, even if the rigid os requires dilatation by sponge or laminary tents. As soon as the uterus is emptied antiseptic injections are indicated.

INJECTIONS OF HOT WATER IN UTERINE HEMORRHAGE.—BY R. WINDELBRAND, (*Deutsche Med. Wochenschrift*, 24, 1876).—After an experience of two years Windelbrandt recommends this mode of treatment under the following circumstances: threatened miscarriage with abundant hæmorrhage; premature delivery and delivery at term, when there is atony of the uterus; hemorrhage due to uterine displacements, to dilitation, to chronic inflammations, and to bleeding caused by fibrous and cancerous tumors. The injections are made with the patient in the dorsal decubitus, and there are no painful or disagreeable sensations. The excitation of the contractile uterine fibres explains the favorable action of the hot water, for warm water causes dilatation and augments the hemorrhage. He cites cases to recommend his plan.

ON THE TREATMENT OF SYPHILIS BY HYPODERMIC INJECTIONS OF MERCURY.—By J. NEUMANN, (*Stricker's Med. Jahrbuch*, 1877).

Neumann desires to again call attention to the hypodermic injections of mercury in syphilis. He endeavors to dissipate the objections, which the majority of syphilographers have raised against this method of administration, accusing it of causing grave local as well as general accidents without accelerating the cure. But if solutions of corrosive sublimate are used, not in destilled water, but in *albumen* local accidents, abscess, gangrene and sharp pain are rarely produced. The explanation of this fact is easy to give: corrosive sublimate injected under the skin in order to be absorbed, must unite with the albumen of the tissues, and when water is used as a vehicle for the mercurial salt, this affinity is favored and there is a disposition to turbercles and to abscesses; but when albumen is supplied artificially there is no demand on the body for this principle. The most desirable points of the body for these injections are the back and the lateral portions of the thorax. Under these conditions the hypodermic method presents many advantages. There are rarely gastric troubles or stomatitis; the action is very rapid and the doses required are small.

It is especially servicable in secondary manifestations, in certain cutaneous eruptions, as maculæ, papulæ, and squamæ. Febrile phenomena, profuse diarrhœa and multiple abscess are never provoked by an albumenous solution of corrosive sublimate well filtered. By this procedure Lewin, of Berlin, has obtained most satisfactory results, and the number of syphilitics under his care has greatly diminished in the past few years.

J. D. FISKE, M. D.,
BALTIMORE.

REPORTS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH, SCOTLAND.

We copy from the Edinburgh *Medical Journal*, for September, the following report of the Tenth meeting of the Fifty-sixth session of the Medico-Chirurgical Society, held on the 4th of July, 1877. Dr. J. D. Gillespie, President in the chair:

The President thought it right to explain that, as no papers had been sent in for this night's meeting, it had been deemed best to devote the evening to the exhibition of patients and pathological specimens. The rule in their Society as to these, was that no discussion be allowed on them. On this occasion, however, they would depart from it, and invite remarks on the various specimens brought forward.

EXHIBITION OF PATIENTS.

I. Mr Chiene showed a boy on whom he had operated for knock-knee. Previous to the operation, such was his difficulty in progression, that it took him two hours to walk from Grove Street to Ainslie Place. Now, as they could see, the legs were practically straight. He had operated on the right leg first, and therefore the result was not quite so good as in the left one. Meyer and others had shown that the real defect in knock-knee is elongation of the internal condyle of the femur. He did not, however, wish them to pin their faith to this, as, perhaps, the external condyle was deficient. At any rate, the practical result was that the tibia was thrown out of its proper axis. Dr. Ogston of Aberdeen had narrated cases* where he operated by sawing across the external condyle into the knee-joint and then forcing the fragment up by restoring the tibia to its proper axis Mr. Chiene, however, was afraid that, by this plan, he might interfere with the crucial ligaments; and he had accordingly operated in the following manner: Taking the tubercle into which the tendon of the adductor magnus is inserted as a guide, a vertical incision is made through skin and fascia, then, on drawing aside these, the oblique fibres of the vastus internus can be seen in front and the

*Edin. Med. Journal for March, p. 782.

periosteum exposed. The internal articular artery is next secured by a double ligature and divided. Lastly, the periosteum is raised up and a wedge-shaped piece of bone cut by chisel and mallet out of the substance of the internal condyle. By gentle pressure the leg is brought to its normal axis. The knee-joint is not opened into. In both legs the wounds healed in a fortnight, but splints were kept on for two months. This case and that of a little girl, in whom the result was even better, were the first in which a wedge-shaped piece of bone had been removed from the condyle of the femur without implicating the joint. He had feared that the neck of the bone might break, but he had not found this to be the case in children. He hoped that the surgeons present would be induced to try the plan he had described. Photographs of the boy, showing the great distortion that had existed, were also exhibited.

Mr. Bell had been much interested and pleased with Mr. Chiene's cases. The operation was one of those becoming more frequent nowadays, and rendered possible by three things, viz., Esmarch's bandage, the mallet and chisel, and last, but most important, antiseptics. Without the first two, it would be impossible; without the last, it would not be legitimate

The President agreed with Mr. Bell in his remarks, with the exception of thinking Esmarch's band so essential. He had seen Mr. Chiene operate on the case of the little girl, and had been struck with the ease with which it was done. A good many years ago he had used the same principle in a case of compound fracture of the leg with angular union. He had no Esmarch's band, and antiseptics were unknown at that time. The result was very successful, and he hoped at their next meeting to show a cast of the limb and the piece of bone removed. He of course had nothing to say against antiseptics or Esmarch's plan; but it was possible to undertake such operations without these aids.

II. Mr. Bell showed—(1.) An interesting specimen of EPITHELIOMA OF THE GLANS PENIS, with more of the ulcerative character than usual. It had appeared in less than three or four months. He amputated this day week, using a modification which he thought was an improvement. By splitting up the urethra he managed to avoid the contraction of the urethral orifice. Teale and Miller had also for this devised special method. (2.) An interesting specimen of the bones of the elbow-joint, removed by the subperiosteal method, which he owed to the kindness of the President. The case was one

of injury seen by the President a week after the accident; and all who knew his care and surgical ability, might rest assured that everything was done to prevent any bad results. The case, however, was such a difficult one to treat, that the arm became stiff and almost straight. The cause of the difficulty in treatment was easily explained. After the operation it was found that there had been serious fracture of the olecranon, and also through the internal condyle, so that a bridge of bone formed between the two. For this reason, he had to be careful in operating for fear of injuring the brachial vessels; and, at last, he had to break through the bridge of bone already mentioned. The case was now doing well; but he had learnt from it that particularly careful drainage was required in subperiosteal cases. He had taken out the drainage-tube on the fifth day, but subsequent retention of serum had given trouble. In a similar case he would keep the drainage-tube longer in. (3.) An interesting specimen of tumor of thigh. He had seen the patient six months ago, who told him that it had been proposed at St. Bartholomew's Hospital to lay open and scoop out the growth. He himself advised amputation, but the patient would not hear of it, and put himself under the treatment of a gentleman in the west of Scotland, who diagnosed *exostosis of tibia*, and said he would remove it by means of belladonna and iodine. When the patient came back, Mr. Bell still advised amputation, and performed it at the hip-joint. He was making a good recovery, his wound being antiseptic and nearly healed. Dr. Wyllie had examined the tumour and would now describe it.

Dr. Wyllie said the tumor was fibrous, with osseous and calcareous trabeculæ, which had large encapsulated cartilage cells. At the surface they had another modification, viz., many large cells like the cartilage of incrustation in a joint. The tumor was therefore fibromatous and enchondromatous in its nature. The microscopical preparations he now showed had been decalcified with picric acid, which also stained them, and in addition they were stained with log-wood.

The President said that the case of injury to the elbow-joint came under his care a week after the accident, with a splint on and the arm nearly straight. He took this off, put on a figure-of-eight bandage and tried careful movement, without any good effect, however. To save himself trouble, he had asked Mr. Bell to take the patient into the Royal Infirmary under his care. The case was a

peculiar one; and if he had been in any way to blame for the result, he would have excised the joint himself, so as to keep it quiet. He had seen the patient whose leg Mr. Bell had amputated at the hip. He had a slow pulse, a clean tongue, and indeed showed no evidence of having undergone any operation.

Mr. Chiene wished to congratulate Mr. Bell on his case as the first one where, in a hip-joint amputation in the adult, in the Edinburgh Hospital, antiseptics had been successfully carried out. It was a great victory, as all who knew anything about the difficulty of carrying out antiseptics in a wound so near the anus could well understand. Much of the good result had been due to bringing the drainage-tube out at the outer angle of the wound, and accurately closing the incision near the anus. In regard to the elbow case he wished to mention that, within the last three years, he had treated injuries at the elbow-joint by attaching a weight of three or four pounds at night, so as gradually to bring the arm into full extension; and making the patient wear an elastic band during the day to get flexion as gradually. There was at present in the clinical wards a case of excision of the elbow—a bad one to begin with—where a very good result was being obtained by this method. Dr. Gillsepie's case was certainly a very peculiar one, and the result was probably unavoidable.

Mr. Bell said he had used the case as a text in medical ethics to his students. There had been good treatment, good nursing, but a bad result. Moral—Be careful in judging your neighbour's cases.

III. Dr. Finlay showed(1.) A SPECIMEN OF FRACTURE AT THE ANATOMICAL NECK OF THE HUMERUS. The patient had also received other and fatal injuries. (2.) A CYSTIC OXIDE CALCULUS passed from the urethra.

IV. Dr. Wyllie showed (1.) a specimen which he thought important in connection with the pathology of tetanus. The patient was a man, æt. 56, in Dr. Watson's wards, who, three weeks before, sustained a lacerated wound of the back of hand. It healed up kindly and without any trouble. The tetanus began last Thursday by lock-jaw, and difficulty in deglutition and in respiration. He died next day. There were also symptoms of double pneumonia at the base. On *post-mortem*, examination nothing abnormal was found in the brain and spinal cord, except some excess of hypostatic congestion in the latter. On dissecting the skin from the back of hand, they found the wound almost entirely healed, except at its middle third, where there was still a scab. The dorsal cutaneous branches of the radical

and ulnar nerves were found below the cicatrix in the midst of indurated subcutaneous tissue, in which on examination were found woody tissue, viz., trachenchyma, cellular tissue, and chlorophyll. It was apparently by their irritation that the tetanus had been caused. One curious point was, that the foreign matter so retained should have led to induration rather than to supperation. (2.) A SPECIMEN OF THE PONS VAROLII AND MEDULLA OBLONGATA of a patient who died on 10th March. The pons was smaller than usual, atrophy of its anterior commissural fibres being especially well marked. In the substance of the pons, to the left of the middle line, there was also a small cyst surrounded by indurated and atrophied tissue. This had resulted from plugging of the basilar artery in its upper half. On section half a dozen small channels could be seen in the artery so plugged. Six years before his death the patient had hemiplegia but no unconsciousness. The basilar artery had probably got plugged by an embolus from an aortic aneurism, and accordingly there had resulted anæmia, hemiplegia, and subsequent atrophic changes. One curious and important fact was, that an artery once plugged may have its lumen again partly restored.

FIRST ANNUAL MEETING OF THE AMERICAN DERMATOLOGICAL ASSOCIATION.

The American Dermatological Association convened at Niagara Falls, September 4th, remaining in session three days. This is the first annual meeting of the society, and its incorporators have reason to be gratified at its success. The number of dermatologists in America is small, no other specialty having so limited a following. Fifteen members attended this meeting, and seventeen papers were presented in addition to the president's address. Several of these were merely read by title and accepted. Several after being read, were returned to their authors with thanks, they not being strictly dermatological. The following papers were read in full and discussed by the members: Molluscum Contagiosum, by Dr. George H. Fox, of New York; The Etiology of Cutaneous Diseases, by Dr. L. P. Yandell, jr., of Louisville; Eczema Marginatum, by Dr. Bulkley, of New York; The Pathology of Seborrhœa, by Dr. Van Harlingen, of Philadelphia; True Prurigo, by Dr. Robert Campbell, of New York; on Syphilis by Dr. Hyde, of Chicago; on Syphilis by Dr. Hardaway,

of St. Louis; on Impetigo, by Dr. Heitzman, of New York; on Xeroderma, by Dr. R. W. Taylor, of New York; on Fragilitas Crinium, by Dr. Duhring, of Philadelphia; on Syphilis, by Dr. R. W. Taylor, of New York; on Acute Diseases produced by Iodide of Potassium, by Dr. Brooks, of Chicago.

There were present Drs. White and Wigglesworth, of Boston; Drs. Duhring and Van Harlingen, of Philadelphia; Drs. Fox, Heitzman, Bulkley, Taylor, and Campbell, of New York; Drs. Hardaway, of St. Louis, Hyde of Chicago, Yandell, of Louisville, Brodie, of Detroit, and Atkinson, of Baltmore. Dr. White was re-elected president, Drs. Bulkley and Heitzman, vice-presidents, Dr. Taylor secretary, and Dr. Atkinson, treasurer. The Association meets next year at Saratoga.

The transactions will not be published by the society, but each member is at liberty to publish his paper in any medical journal of the country.—*Louisville Medical News.*

SELECTIONS.

THROMBOSIS OF THE BRAIN &c., A CAUSE OF MORTALITY IN CHOLERA INFANTUM.

Dr. Bedford Brown, of Alexandria, Virginia, in an article in the *Philadelphia Medical Times* of September 15th, attributes a considerable portion of the mortality arising from cholera infantum to the developement of thrombosis, either of the brain, heart or pulmonary artery, and says the pathological indications, both of the approach and full establishment of this condition, are highly characteristic and differ materially from those of simple collapse attending cholera infantum.

Of the causes he says: "The original causes of these peculiar complications are not local in character, but are of a general nature, and are due manifestly to certain powerful impressions on the nervous centres and the vaso motor system by the action of a high degree of solar temperature, by which that system and the great nervous centres, the brain and spinal cord, suffer from a state analogous to functional paralysis of a partial or incomplete

character. Consequent and secondary to this influence, a series of changes occur in the vital and mechanical constitution of the blood, by which its solid and fluid constituents are rapidly separated, the latter being drained off from the former through the intestinal canal by exosmose rather than by secretory action.

"In infancy the vital and chemical affinities existing between the blood-constituents are not so close and intimate as in the adult constitution. This fact is observed in the facility with which the fluid portions are drained off in ordinary cases of diarrhœa. With the vaso-motor system partially paralyzed from the action of intense heat, and the blood largely deprived of its fluid, saline, and albuminous properties, a general condition is established exceedingly conducive to thrombosis either in the heart, pulmonary artery, or brain.

"That complication of cholera infantum, heretofore termed *congestion* of the brain, has ever been regarded as one of the most alarming and grave to which infantile life is liable.

"In the vast majority oft hese supposed cases of congestion of the brain and effusion in the cranium occurring in this disease, thrombosis is the true pathological condition; while passive congestion and serous effusion, if any, are only the remote results of the former.

"The mere designation of this class of cases as *congestion* does not by any means explain their real character and import. At the same time it tends to divert the attention from their true causes and the proper means for their correction.

"The prime and original cause of a large majority if not all of those morbid phenomena which constitute the elements of cholera infantum is found, as before stated, in an intense degree of solar heat acting on the tender organism of infancy, in which the nervous centres, the sympathetic system, and the blood-making process suffer principally. This truth is manifested in the excessive languor of the voluntary powers, the irregular, depressed, and frequent action of the heart, the inactive state of the digestive powers, and the torpor of the nutritive and secretory functions. In consequence of this dangerous depression of the nervous

system, blood disorganization and disintegration very soon begin, and proceed rapidly to a separation of its solid and fluid constituents by this process of exosmose. In most of these cases there is no evidence whatever of local lesions in the intestinal canal to explain this process of exosmose by which the constituents of the blood are so speedily separated.

"The action of the heart in bad cases of cholera infantum becomes so enfeebled and irregular from the paralyzing influence of heat on the vaso-motor system, as is seen in the vomiting and purging, as to fail to propel the blood completely through the round of the circulation. Hence, when the vital influence of this system is lost to the circulatory organs, coagulation is liable at any time to occur in the heart and vessels."

TREATMENT OF RANULA BY EXCISION OF CYST.

In a contribution (Gazette Hebdomadaire, No. 16, 1877) giving short clinical reports of six cases of ranula observed by himself, Prof. Michel, of Nancy, discusses the nature and situation and the surgical treatment of this form of new growth. In each of these cases excision of the cyst was practiced with complete success. From observations made during these six operations, and also from dissection of a ranula in a dead subject, the author has been convinced that, in the majority of instances of this affection, the cyst in its development has no connection with any of the salivary ducts. The view that ranula may be due to dilatation of the ducts of the sublingual or submaxillary glands is not altogether rejected; but it is held that, in the majority of cases, the cyst has some other seat of origin. In all the seven specimens examined by the author there was an absence of any connection between the cyst and the salivary canals, and in each case the tumor had evidently originated in the areolæ of the connective-tissue about the frenum of the tongue. The so-called capsule of Fleischmann, fluid distension of which is supposed by Tillaux and other French surgeons to constitute ranula, consist, according to Prof. Michel, in nothing more than an occasional and abnormal dilatation of one or more of the areolæ of the sublingual connective-tissue. On

microscopical examination of the contents of the cyst in the above-mentioned seven cases, tessellated epithelium and crystals of cholesterin were found in some, and globular epithelium in others. In no specimen was the author able to obtain a reaction resembling that produced by saliva. Prof. Michel holds that extirpation by the knife ought to be regarded as the general method of treatment for ranula; and he argues that this proceeding, first recommended by Heister, is free from many of the objections that have been raised against it by Sedillot. Far from being an impracticable operation in ordinary cases of ranula, it may, even in cases of severity and long duration, be readily and safely performed. Excision, though more difficult than the usual methods of surgical treatment, such as injection of iodine, batrachosioplasy, and incision and cauterization combined, is attended with speedy as well as with most permanent results. No relapse had occurred in any of the six cases treated by the author, five of which have been under his observation from time to time during many years. Two methods of extirpation are mentioned: in one the ranula is first freely incised and the walls of the emptied cyst then dissected away; in the other the cyst is removed intact, together with its contents. The choice between one and the other of these methods should be guided by the thickness of the cyst-wall. When this wall is thin preliminary incision is to be preferred; when it is thick extirpation without incision should be practised.—*British and Foreign Med-Chir. Review.*

Cure of Ileus by Insufflation.—Roger (*Centralbl. f. Chir.*, 1877, No. 24; from *Gaz. des Hop.*) had a patient who, otherwise healthy, was attacked by loss of appetite, vomiting, and colicky pains. No stool, even after drastic purgatives. On the left side of the abdomen, between the lower floating rib and the crest of the ilium, a hard, knobby, painful tumor could be felt. R. inserted a large tube into the intestine per anum and blew in air by means of a bellows. (Drastics were simultaneously used.) Two attempts, at some interval, finally resulted in reducing the dislocation, and the patient recovered.

FORMULARY.

[*From the Louisville Medical News.*]

GARGLE IN DIPHTHERIA.

℞ Acidi carbolic..... gtt.xx;
Acidi acetic..... ʒ ss;
Mellis..... } āā ʒ ij:
Myrrhæ tinct..... }
Aquæ..... ad ℥ vj. M.

LAXATIVE IN HEMORRHOIDAL AFFECTIONS.

℞ Potass. bitart..... } āā ʒ j.
Sulph. pulv..... }
M. S. A teaspoonful in water before breakfast.

IN INFLAMMATORY DIARRHŒA OF CHILDREN.

℞ Leptandrin..... gr.yiij;
Sodæ bicarb..... ʒ j;
Syrupi rhei aromat..... ℥ ij.
M. S. A teaspoonful every two or four hours.

FOR BALDNESS.

℞ Acidi acetic..... ʒ j;
Aquæ cologn..... ℥ j;
Aquæ dest..... ℥ vj.
M. Rub scalp with it night and Morning.

HAIR TONIC.

℞ Quiniæ sulph..... ʒ j;
Zinci sulph..... ʒ ss;
Glycerini..... ℥ ij;
Spts. myrciæ..... ad Oj. M.

NERVOUS DEBILITY.

℞ Acid phos. dilut..... ℥ ss;
Calisayæ elix..... ℥ ij;
Elix. valerian ammon..... ℥ j;
Glycerini..... ℥ jss;
Vini terici..... ℥ iij.
M. Tablespoonful three times a day.

AROMATIC ELIXIR RHUBARB AND FLUID MAGNESIA.

℞ Rhubarb (in coarse powder)..... ℥ iij, grs. 90;
Sulphate magnesia..... ℥ ij, grs. 96;
Sugar..... ℥ iv;
Spts. menth. pip., U. S. P..... ℥ j;
Alcohol..... } āā q. s.
Water..... }

Moisten the rhubarb with dilute alcohol and pack in a cylindrical percolator. Percolate with a menstruum of one part alcohol to four parts water until two pints of tincture are obtained. To this add the sulphate of magnesia, sugar, and peppermint, and let it stand in a moderately warm place for twentyfour hours, then filter.—*New Remedies.*

GARGLE IN SIMPLE PHARYNGITIS.

℞ Acidi gallici..... gr. x;
Tinct. capsici..... ℥ ss;
Infus. rosæ..... ℥ vj.

M. Gargle frequently.

CHOLERA MIXTURE.

℞ Mist. cretæ..... ℥ j;
Spts. chloroformi..... gtt. xv;
Tinct. opii..... gtt. iv.

M. To be taken every two or four hours.

ENTERORAPHY FOR A FISTULOUS HERNIA.—One of the new operations by Prof. Czerny, is thus described in the *Allg. Med. Central-Zeitung*, No. 63, 1877.

A fistulous opening had existed for many years in the case of a man, aged 47, the subject of a scrotal hernia. The opening was in that part of the intestine which descended into the scrotum. Czerny opened the sac, detached the intestine, trimmed the opening in the intestinal wall and closed it with catgut ligatures. He then replaced the intestine in the abdominal cavity, and performed his radical operation for the cure of hernia. The patient recovered completely without any unpleasant symptoms.

Pancreatine in Clysters.—Dr. Düring reports to the *Deutsche Ztschr. f. pr. Med.*, the case of a patient with abdominal aneurism pressing upon the stomach, in whom the vomiting became so persistent and frequent, that not the slightest amount of food could be retained, either in liquid or semi-liquid form. The patient was emaciating rapidly, when he concluded to adopt the suggestion made some years ago by Leube, and immediately ordered 50 grammes of meat with 16 grammes of pancreas, to be finely chopped and then made into a broth; one half of this to be injected per rectum in the morning, and the remainder in the evening. The discharges had the ordinary appearance and odor of fœcal matter; portions of the injected material were very seldom passed undigested. The result of this plan of treatment was excellent. Emaciation was checked, and in a few days the patient began to gain in weight.—*Allg. Med. Central- Zeitung*, No. 63, 1877.

Ablation of the Body of the Uterus in Cases of Irreducible Inversion by External Hysterotomy.—M. Donné (*Archives de Gynecologie*,) in a recent communication to the Academy, formulates the following conclusions:—

1. External hysterotomy is an extreme surgical resource, but precious for cases of irreducible inversion, which threaten immediately the life of the patient.

2. This operation does not furnish a greater mortality than that of the greater number of grave operations.

3. In the actual state of science, it ought to be made preferably by the ligature, bearing in mind the perfection attained by this method.

4. For the first months of an inversion—even the first year, as far as possible, repeated tentative efforts at reduction, at lactation which generally suppresses the hemorrhages, and all sorts of palliative methods, should be fairly tried.

The operation ought to be reserved for cases recognized as irreducible, and for the period remote from the commencement of the malady, when involution has completely taken place, and the

neighboring organs have undergone changes rendering the risk of peritonitis much less, this being very important.—*London Med. Record.*

INFLUENCE OF POSTURE UPON CARDIAC MURMURS.—There is no doubt that the position of a patient has much to do with the comparative intensity of endocardial murmurs. It has been several times pointed out that a murmur audible when the patient is recumbent, is almost, if not entirely, lost in the erect posture. This effect of posture seems to tell more upon mitral than upon aörtic bruits, but all cardiac murmurs seem more or less influenced by it. The subject has recently been studied by M. Cuffer, of Paris, who has come to the following conclusion:—That all intra-cardiac bruits, of whatever nature, are modified by the patient passing from the horizontal to the vertical position. That they are all diminished in intensity in the erect posture. That this diminution is partly due to change in the form of the heart, and partly to alterations in the arterial tension, by which the number and force of the cardiac contractions may be altered. Further, that all murmurs are intensified in the horizontal posture, some even being only produced under this condition. He adds that inspiration increases the intensity of a murmur.—*The Lancet*, Aug. 4, 1877.

EDITORIAL.

PROTECT THE DOCTORS.—It is the boast of our civilization that all men are "free and equal before the law," that every man is a "sovereign" within himself. As a burst of patriotic sentiment this sounds very well, but prosaic facts quickly dispel its force. In nearly every state special statutes are in force to protect the farmer, mechanic, laborer, merchant, lawyer, artist—in fact, nearly every trade, calling or profession is wisely provided for; yet in few are the doctors' interests looked after or even considered. Acting on the good principle that "the laborer is worthy of his hire," provision is made for the collection of laborers' wages, while the hard-worked doctor, who labors as hard and faithfully to earn his fee, as any laborer, besides being exposed to

all weathers, has to trust to the ofttimes questionable honesty of his patrons for his pay. This is a manifestly unjust discrimination against our honored profession, and calls loudly for a change. If the profession will move together in this matter, in those states in which they are unprotected, good can be accomplished as legislators cannot afford to refuse the appeal of such a large, intelligent and respectable class of citizens.

Mistakes of Medicine Venders.—Within the past month the secular press has reported three or more mistakes of medicine venders, in Virginia and North Carolina, resulting in death. In two cases morphia was sold and given for quinia, and in one strychnia was given for calomel. Every state should pass a stringent law prohibiting the compounding or selling of any dangerous medicine or drug by any person except a regular graduate of chemistry and pharmacy, or one who can give evidence of a thorough knowledge of both. It should, likewise, be made a penal offence for any person to administer such medicine or drug except with the consent and by direction of a regular graduate of medicine. Such laws would be the means of saving many valuable lives.

The Code of Ethics.—We have been repeatedly asked to publish the Code of Ethics, adopted by the American Medical Association, by physicians who have, as they conceive, been the victims of unprofessional usage on the part of a brother. We would gladly do so but for the constant demand on our space for what we esteem more important matter. Every physician, worthy of the name, should know and appreciate the law govering gentlemen, and if any do not, it can subserve no good purpose to place before them a code, with which they *should be* familiar, and the plainest provisions of which they, no doubt, *knowingly and wilfully violate.*

Funeral Reform.—An effort is in progress looking to the cheapening of funerals and the abolishing of so much fashion and display. This is reform in truth, and deserves the support of all christian people. A circular on this subject says:

"Funerals should be conducted and mourning worn without the

dismal paraphernalia of hat-bands, scarfs, plumes, heavy crêpe trimmings, and the like, which are quite inconsistent with a hopeful belief in a future state, involve unprofitable expenditure, inflict severe hardships upon persons of limited means, and neither mitigate grief nor manifest respect for the dead."

The Hospital Gazette and Archives of Clinical Surgery will appear on the first of October in connection under a joint title. The editorial management will be vested conjointly in Drs. Edward J. Bermingham and Fredrick A. Lyons. This concentration of forces has been made with a view of improving and condensing the periodical literature of the Profession. We wish for the editors the considerable success they deserve in taking the initiative step in a good direction.

We have heard with much pleasure that Prof. S. C. Chew, of the University of Maryland, will deliver, at an early day, a public address on the life and services of the late Professor N. R. Smith. The many friends of the distinguished surgeon who have requested this address, and all who take any interest in the honor and repute of our profession in this community, may expect an intellectual treat, as well as a faithful biography of one who was so properly designated, for many years, the *Nestor* of American surgery.

The New Orleans Medical and Surgical Journal now appears as a monthly. The second number under the new arrangement comes with September. Dr. Bemiss has associated with him Drs. W. H. Watkins and G. K. Pratt as joint editors and proprietors. The New Orleans Medical Journal contains eighty octavo pages, and is issued at $5 per annum. The reputation which the journal has already acquired is a guarantee for the future.

The Indiana, Illinois, and Kentucky Tri-States Medical Society will hold its third session in the city of Evansville, Ind., commencing at 11 A. M., on the third Tuesday in October, 1877, and continue three days.

THE PLASTER JACKET.—Dr. J. Bryan, of Lexington, Kentucky, claims that he was the first in this country to apply the plaster-of-Paris jacket and suspension in the treatment of Pott's disease of the spine, having, as he says, done so in Bellevue Hospital, in the summer of 1874. No doubt proper investigation will establish the claims of the right owner to this valuable appliance, meanwhile we suspend judgement.

MEDICAL SOCIETY OF VIRGINIA.—A circular just issued says the eighth annual session of this society will be held in Petersburg, beginning on the 23rd inst. Dr. W. C. N. Randolph will deliver the annual address.

"Dr. Conneau, one of the oldest friends of Napoleon III, and his private physician, died at Porta, in Corsica, on the 16th of August. He was born of French parents at Milan, in 1803."

THE MEDICAL AND SURGICAL SOCIETY, of Baltimore, began its regular Meetings for the Winter Season, on September 13th.

BRIEFS.

CARBOLIC ACID SPRAY IN CATARRHAL DISEASES OF THE RESPIRATORY ORGANS.—Dr. Moritz, in a communication to the Medical Society at St. Petersburg (*St. Petersburg Medicin Wochenschrift, Nov.* 11, 1876), states that during the spring of last year he used carbolic acid spray with benefit in catarrhal diseases of the respiratory organs. Having had much to do with carbolic acid, and especially the spray, he noticed that the bronchial catarrh with which he was frequently troubled did not occur, or that, if it began, it was soon arrested. A colleague of his, Dr. Assendelfft, made the same observation. Dr. Moritz used the spray of a two per cent. solution of carbolic acid. He first tried it on two children in whom the commencement of whooping cough was suspected. After the remedy had been used two days, the slight catarrh which was present came to a stand still, and in a few days disappeared. In several children with

measles, the cough was diminished, and the nights were more quiet after the use of the carbolic acid spray. In two surgical patients also, whose lungs were in a suspicious state, the cough entirely disappeared during the frequent use of the spray. On the other hand, it was ill borne by two phthisical patients, one of whom had extensive cavities in the lungs. He explains the action of carbolic acid by supposing that many cases of catarrh are during a certain stage, of infectious, perhaps parasitic nature. In the discussion on the paper, Dr. Von Mayer said that, if bronchial catarrh were infections, this must be explained rather on chemical grounds. Dr. Wulff thought that many cases of catarrh might to some extent be parasitic. Dr. Lehwess had found solution of carbolic acid very useful in cough, in the form both of inhalation and of injection. Dr. Masing had found excellent results from the carbolized spray in a very obstinate case of whooping cough of three months' duration. Dr. Schmitz had remarked the cessation of the attacks of bronchial catarrh to which he had been liable, since he had had much to do with the carbolic acid spray.

Administration of Salicylic Acid.—M. A. Casson proposes (*Bull. Gen. de Therap.*, April 30) the employment of citrate of ammonia as a means of facilitating the solution of salicylic acid. Half a drachm of salicylic acid dissolves readily in less than four ounces of water (120 grammes), if 37 or 45 grains of citrate of ammonia are added. M. Casson gives the following formula:—For a solution—salicylic acid, ʒ i; citrate of ammonia, ʒ ss; rum or brandy, ℥ i; distilled water, ℥ v. A tablespoonful of this solution will contain from 4 to 4½ grains of salicylic acid. The citrate of ammonia is easily prepared by saturating ammonia in a solution of citric acid.—*Dublin Jour. of Med. Science.*

Radical Treatment of Facial Neuralgia by Aconi—.enit ("Paris Medical;" "London Medical Record"). W. Gubler, the learned Professor of Therapeutics of the Parisian University, says: "I do not know a neuralgia of the fifth pair, even a tic-douloureux which has resisted aconitine." He recommends the aconitine of Hottab & Liegeois as excellent, and that of Dugurmel as very powerful. Granules and pilules are not reliable even when made from a good article, for one may be discouraged by the nullity of their effect for a certain time and thus may give too large a dose, the nullity of effect in fact, resulting

from non-absorption. He advises a solution of the nitrate of aconitine to be employed, in which half a milligramme (1-140 grain) of the nitrate is contained in a dose. This is equivalent to a quarter of a milligramme (1-280 grain) of aconitine. The dose may be pushed much further, in some very severe cases of long standing it having been carried up to six milligrammes (1-60 grain). It offers no dangers if prudently managed. It should not be employed in persons with heart disease.

Temperature in Febrile Disease.—Dr. Hans Wegscheider, (Virchow's *Archiv*, Febuary, 1877), writing on the distribution of temperature in febrile diseases, says:

1. There is no constant relation between the internal temperature, as measured in the axilla, with the general temperature of the surface. We saw the first rise, while the temperature between the toes fell, and *vice versa*.

2. Two completely symmetrical parts of the skin, as between the toes, show no proportionate course in their temperature; not only do they differ by not rising or falling to the same level, but one may rise while the other remains stationary or falls, and *vice versa*.

3. There is greater variation in the temperature-curves in the same part of the skin in the same person in fever than in health; but in fever there is a striking fall of temperature, notably lower than in the healthy state. However, in those people who suffer from cold feet, the temperature is often as low, or somewhat lower.

4. It follows from the last, that there is a greater difference in fever between the temperature of the axilla and that of the periphery than any changes of local temperature which may occur in health.

From all the foregoing, he concludes that the vessels of the skin in fever are in an abnormally irritable condition.

He did not find any noteworthy differences between the temperature of the two axillæ in unilateral affections of the thoracic organs. At any rate, in pleurisy there was no constant relations. In one case, in which both pleuræ were affected, the side with the greatest effusion had the lower temperature. His observations on pneumonia were too few to give a definite result, but the differences he observed were not so great as Landrieux has asserted—*The London Medical Record.*

Ground mustard, rubbed on the hands will remove the odor of valerian, musk, cod oil, carbolic acid, etc.

CHLORAL HYDRATE.—In two extremely important and interesting communications, says the *British Medical Journal*, which Dr. Oscar Liebreich, Professor of Materia Medica in the University of Berlin, has published recently, he calls attention to the extreme importance of medical men's ascertaining that the chloral furnished to their patients is none other than the pure crystal. Dr. Liebreich records effects observed by him in Berlin and elsewhere, which indicate that cake chloral is apt to contain impurities of the most irritating and dangerous character. Not only do these impurities injure the hypnotic effect of chloral as mere adulterations, but they are of an irritating character, and lessen directly the desired effect of the chloral in producing calmness and sleep. Dr. Liebreich pointed this out when first he discovered and investigated the therapeutic effects of chloral and introduced it into medicine. It appears, however, that manufacturers, pharmaceutists, and physicians have by no means been mindful of the cautions which he then gave, and a large amount of the chloral in use is of the dangerous kind indicated; it is indeed asserted that of the chloral sold in solution in this country 80 to 90 per cent. is made with other than the purest materials; and unfortunately it appears that there is no known test by which the purity of the chloral when once in solution can be adequately ascertained. We publish an interesting account from a correspondent in Berlin, who visited the manufactory of the great chemical makers Schering, in which this subject is not inopportunely referred to; and as the matter is one of considerable therapeutic interest, we shall take a further opportunity of referring in detail to the experience and statements of Dr. Oscar Liebreich, of Berlin, as to the subject of the purity of this most valuable medicine. It is obvious that in chloral hydrate, we have been endowed with an agent of inestimable therapeutic value, but it is clearly one which is liable to abuse, and not without its dangers; and if, indeed, it should prove, as Dr. Liebreich believes, that many if not most of the accidents which have occurred are due to the impure and most dangerous character of the article most rife in commerce, it becomes highly important that measures be taken to insure absolute purity in this most potent drug.

DEATH.—Dr. E. W. Theobald, a grandson of the late Prof. N. R. Smith and a promising young physician of this city, died on the 3rd day of September, in the 28th year of his age.

A DARING THERAPEUTIST.—At a late meeting of the Massachusetts Dental Society, Dr. Waters, of Salem, stated that bicarbonate of soda, such as used for cooking purposes, or any other alkali in neutral form, would afford instantaneous cessation of pain from the severest burns or scalds, and would cure such injuries in a few hours. Dipping a sponge into boiling water, the Doctor squeezed it over his right wrist, producing a severe scald around his arm and some two inches in width. Then, despite the suffering occasioned, he applied the scalding water to his wrist for half a minute. Bicarbonate of soda was at once dusted over the surface, a wet cloth applied, and the pain, the experimenter stated, was almost instantly deadened. Although the wound was of a nature to be open and painful for a considerable time, on the day following the single application of the soda the less injured portion was practically healed, only a slight discoloration of the flesh being perceptible. The severer wound, in a few days, with no other treatment than a wet cloth kept over it, showed every sign of rapid healing.

THE IMPORTANCE OF CINCHO-QUININE AS A REMEDY.—The Supervising General of the Marine Hospital Service has issued a circular letter to the medical officers of that branch of the Treasury in which he calls their attention to the extraordinary increase in the market price of sulphate of quinia, and at the same time alludes to the success attending the employment of the other alkaloids of the bark.

In the year 1866 the Madras Government appointed a Medical Commission to test the respective efficacy in the treatment of fevers of quinine, quinidine, cinchonine, and cinchonidine, and the remedial value of these four alkaloids as deduced from their experiments is shown by the following statement:

Quinidine,	ratio	of	failure	pr	1000	cases,	6
Cinchonidine,	"	"	"	"	"	"	10
Quinine,	"	"	"	"	"	"	7
Cinchonine,	"	"	"	"	"	"	23

Cincho-quinine contains all these alkaloids, and the combination has proved more efficacious than any one alone; and the price of this article being less than one half the present price of sulphate of quinine, the physicians of this country are substituting it for the sulphate; and the medical officers of the Government service should give this subject due consideration in preparing their requisitions for medical supplies.—*Washington, D. C., Daily Nation, August* 8, 1877.

EMETICS AND PURGES.—The *British Medical Journal* states that Dr. Dowse, of the London Sick Asylum, has implicit faith in what he calls the revulsive treatment of disease; and, although he admits that it is as old as the hills, yet he considers it to be of the utmost value. It appears to be his common practice to administer emetics and purges, and in cases where it would have been thought heterodox fifteen or twenty years ago. The emetic is composed of one scruple of ipecacuanha and half a grain of tartar emetic, the purge of half a drachm of compound scammony powder and two grains of calomel, to be given three hours after the emetic. He denies that this emetic is a depressant; on the contrary, it relieves depression by its revulsive action in eliminating morbid material and simulating healthy glandular secretion. He always commences the treatment of erysipelas in this manner, even in its severest form, with the most beneficial results, and out of many hundreds of cases the success has been universal. In his opinion, it materially lessens the tendency to pyæmia.

GENERAL GARIBALDI.—Direct news from Caprera enables us to announce that its illustrious occupant has made a more than usually satisfactory recovery from his last attack of rheumatoid arthritis. The General is now entirely free from pain, and can prosecute his favorite studies without fatigue. True to his later proclivities, he dissuades the Italian Government from carrying out its projected fortification of Rome, and while pointing out that Italy's true defense is her fleet, does not fail to improve the occasion for driving home a sanitary truth. Disease is the enemy from which Italian cities in general, and Rome in particular, have to be fortified. Let, therefore, the Government, instead of surrounding the great centers of life with trenches and wide tracts of waste ground, which are too often fever-preserves, expend its energy and treasure in making them healthful, attractive, and exhilarating. Let it prevent inundation from the Po or the Tiber, replace the squalid dwellings of the poor by appropriate houses, convert the narrow streets into spacious boulevards lined with the eucalyptus, and encourage the youth of the country in the disciplined use of arms, which, after all, is a nation's best safeguard. Long may the General live to inculcate such salutary lessons!—*The Lancet*, August 26, 1877.

Cyanide of Mercury in Diphtheria.—Dr. A. Erichsen (St. Petersburg *Med. Woch.*, April 14,) on the strength of twenty five cases in which he tried it, strongly recommends minute doses of cyanide of mercury (*hydrargyrum cyanatum*) in diphtheria. He believes in the efficacy of mercury abridging the duration of the diphtheritic process, while he knows of no other preparation except this which does not quickly disturb digestion and nutrition. Given in small doses, it scarcely disturbs the alimentary canal at all, even when continued for a long time. Indeed, syphilitic chrildren, from a year old, may be treated for weeks without any such disturbance occurring, if it be given in doses of one-forty eighth of a grain thrice daily. In diphtheritis, Dr. Erichsen had used it at various ages—from seven months to fourteen years—as well as in adults, and in all the cases it was well borne. In a short time the membranes became thinner and less adhesive, so that even where they had spread into the larynx and induced obstruction, with cyanotic coloring of the face, they still separated and rendered the larynx free again. This was the case in three of the instances occurring in young children, the symptoms which seemed to threaten death or to require tracheotomy yielding to the internal use of the cyanide and the local application of hot sponges. This mode of treatment has also the advantage of rendering the necessity of local applications to the fauces much less frequent; and penciling the parts with tincture of iodine twice a day suffices, instead of the constant applications, which are so irksome. The dose varies with the age children to their third year requiring only one-ninety-sixth of a grain, and older children and adults one forty-eighth of a grain every hour during the day, and every two hours during the night. The following is the formula employed:—

℞. Hydrarg. cyan., ... gr.j
Aquæ destil., ... ℥ vj
Syr. simp. ..... ℥ ss.

A half or a whole teaspoonful every hour.

Most of these twenty-five cases were children from the third to the fourth year of age, in whom the prognosis is not so favorable as in older children and in adults. Of the twenty-five only three proved fatal—one from paralysis of the heart, a second from suppurating parotiditis, and the other from coinciding meningitis; but in all the cases—even in the fatal ones—the diphtheritic process was arrested.

Subcutaneous Injection of Ether in Collapse.—(*Jl. de Med et. de Chir. Prat.* March, 1877. *Lon. Med. Record.* April 15, 1877.) M. Vermeuil at La Piete, has employed with success in several cases of collapse, the subcutaneous injection of ether. With regard to the method of using it, M. Vermeuil advises the surgeon to go about it with the thermometer in one hand and syringe in the other. He might commence by giving fifteen drops, and repeat it in an hour, taking care to ascertain the temperature. If this be not sufficient, the injection may be made as many times as is necessary, the ether being apparently well borne.—*Detroit Med. Jour.*

Simple Means to Lessen the Pain of a Blister.—(*Lyon Medicale—The Clinic*, Feb. 10, 1877).—M. Ernest Besnier proposes the following plan: Apply the blisters early in the morning; these, properly prepared, covered with a leaf of oiled Joseph paper, will cause very little pain, and never produce the sometimes grave and always painful vesical and renal symptoms, provided that the blisters are removed after five or six hours, at most, or soon as the epidermis commences to lift itself lightly and partially, which one can easily tell by the ivory colored and wrinkled appearance of the skin. Now cover the latter with blotting paper, saturated with cerate or cold cream. Vesication then continues, almost painless, and the blister is almost as large as if the application of the cantharides had been continued.

Case of Gastrotomy.—M. Koeberle, of Strasburg, has communicated to the Societe de Chirurgie (*Gaz. des. Hop*) a case of irreducible retroversion of the uterus, which, by compression of the intestine, induced a complete arrest of fecal matters, accompanied by the ordinary symptoms of intestinal obstruction. Gastrotomy was successfully performed, the uterus being adjusted by passing the finger through the aperture in the abdomen, after which all accidents ceased. Profiting by the aperture, the surgeon fixed one of the ligaments within the wound, with the intention of fixing the uterus to the wall of the abdomen, and in this way effected a radical cure. He sacrificed a healthy ovary, but he would not have proceeded thus had not an opening been made in the abdomen for an operation that was absolutely necessary. He utterly discountenanced any operation of this kind undertaken expressly for the reposition of a retroverted uterus.

REMOVAL OF OVARIES.—Dr. E. H. Trenholme relates (*Obstetrical Journal of Great Britain and Ireland*) two cases of ovariotomy, or spaying. In the first case he removed both ovaries through an incision in the abdominal wall, between the umbilicus and pubes, five inches long. His reason for doing so was the presence of an interstitial fibroid in the uterus, which was wearing out the patient by pain and hemorrhage. His theory was, that by the removal of the ovaries the patient would be made forty-five instead of thirty-two, and that the tumor would disappear in the way these tumors often do at the change of life. The patient recovered perfectly, and is in good health. In the second case he removed the left ovary from a woman twenty-eight years old, suffering from dyspareunia and chronic oophoritis, with the result only of relieving the dyspareunia. The ovary was removed through an incision in the posterior wall of the vagina.

AT THE BROMPTON HOSPITAL some very interesting experiments are being made with the salicylate of soda in the treatment of phthisis. This salt is given in scruple doses every five or six hours. One of the most marked results was the uniform reduction of temperature While this fact is interesting, and should induce a general trial of the salt, the results are not yet such as to justify any positive conclusions. —*Canada Lancet*, June.

DEATH OF SAMUEL WARREN.—The decease of the author of the "Diary of a late Physician" can not be allowed to pass without regretful remark. Mr. Samuel Warren was made Master in Lunacy in 1850, and has not of late years been much before the reading public. His last considerable work was a novel—"Ten Thousand a Year"—but it is by the "Diary" he will be remembered. When a student of medicine at Edinburg University nearly half a century ago, Mr. Warren obtained that acquaintance with the more personal aspects of our profession which he evinced throughout the series of papers in "Blackwood," afterwards published in the "Diary." It is impossible not to lament the loss of one who will live in memory as a rare exemplar of the art which produces pictures in words.—*Lancet.*

THE medico sanitary arrangements of the Russian army are said to be very complete.

Attendance at the German Medical Schools.—The number of students attending the various schools during the years 1876–77, was as follows: Berlin, 281; Greifswald, 222; Leipzig, 361; Gottingen, 122; Breslau, 177; Königsberg, 126; Bonn, 118; Erlangen, 121; Würzburg, 491; Innsbruck, 62; Graz, 161; Krakau, 181; Prague, 326; Pest, 600; at the same time Vienna had 906, among whom were 54 Americans, 8 Brazilians, 4 Turks, 1 Dane, 38 Prussians, 20 Englishmen, 2 Frenchmen, 12 Grecians, 2 Irishmen, 5 Norwegians, 8 Russians, 7 Scotchmen, and 18 Swiss.—*Wiener Med. Presse*, July 22, 1877.

The Formation of Corrosive Sublimate in the System (*The American Practitioner*, August, 1877).—It has recently been asserted that calomel in powder mixed with powdered white sugar or magnesia, forms, in twenty-four hours, a corrosive sublimate. According to the *Osservatore Med. Sic.*, Nos. 1 and 2, 1877, Dr. Polk has observed all the effects of poisoning by corrosive sublimate produced by the administration of calomel and sugar prepared for a month. The examination of the remainder established the presence of a notable quantity of the bichloride of mercury. The same fact is stated in the *Journ. de Pharm. et de Chem. de Turin*, November, 1875, where pastilles were used. The pastilles contained sugar, which acted on the calomel and transformed it into the bichloride. On the other hand, Carlo Bernadi, pharmacian, Milan, has made numerous experiments, and concluded that the poisoning was not due to the formation of corrosive sublimate, but to the impurity of the calomel employed. Further experiments are necessary to settle this point, and they will not certainly be very difficult. Calomel, fortunately, may be given in various other ways, as by simple putting on the tongue without any mixture.—*Philada. Medical Time.*

Capsicum in Alcoholism.—Dr. C. A. Owens (*Lancet*) finds capsicum very useful in alcoholism. He uses it in combination with nux vomica and dilute nitrohydrochloric acid, in an infusion of gentian. The tincture is a good form to give the remedy. The prescription is particularly valuable in the treatment of drunkard's dyspepsia, morning sickness, faintness, etc.

Consumption Contagious.—Dr. A. N. Bell, of New York City, read before the late session of the American Medical Association a very interesting and remarkable paper, in which he demonstrated, by the results of a large number of carefully conducted experiments, the following points relating to consumption, or tuberculosis:—

1. The disease is contagious. It may be communicated by expectorated matter, or by means of diseased tissue.

2. Tuberculosis, or consumption, is a very common disease among cattle, horses, fowls, and other domestic animals.

3. This disease is produced in animals, by the same cause which occasions it in human beings; viz, bad air impure food, want of sunlight and other hygienic surroundings.

4. Eating the raw flesh of animals affected with this disease is the surest means of infection.

5. The disease may be communicated by the use of the milk of tuberculosis animals; ordinary cooking does not destroy the poisonous properties of the tuberculosis flesh.

An Obituary Notice of Dr. Knaggs, in the "*Melbourne Medical Record*, says that on the 17th of May, 1834, he married Phebe, the thirty-seventh child, and youngest daughter of the late Andrew Maiben, of Maibenbrook, Sligo.

Dr. Sayre, of New York, demonstrated his plaster jacket for spinal caries and deformities, before the British Medical Association at the recent meeting in Manchester. The English weekly medical periodicals say that the enthusiasm was immense.

Viburnum Prunifolium.—Dr. Jenks, of Detroit, *Clin. Record*. advises half a drachm to a drachm of the fluid extract, every two or three hours, during the menstrual period, as a remedy for dysmenorrhœa. He also advises it to prevent abortion, when the symptoms present, indicate danger of the expulsion of the embryo.

Albuminate of Iron.—This remedy has produced peculiarly good results in the hands of French physicians in anæmia and chlorosis. It is quite soluble and easily absorbed into the system, and capable of being borne on the weakest stomach.

On Percussion of the Bones.—Prof. Lücke, of Strasburg, makes use of percussion in the diagnosis of affections of the bones, the nature of the osseous lesions being indicated by the character of the percussion note. He has found that in healthy long bones there is a difference in the percussion note over the apophysis and the diaphysis, the sound of the apophysis being sharper. In the same individual, the sounds produced by percussion of corresponding points on the two sides of the body are similar in pitch. Over the callus of recently consolidated fractures and in chronic central osteitis of the apophysis, the percussion sound is duller than normal while, on the other hand, in chronic arthritis of the knee the sound over the rarefied extremity of the tibia is higher pitched than on the opposite side. The fine differences in the tone are difficult to appreciate, and can be most easily obtained over the bones of the extremities, where there are no subjacent cavities. The extremity should be raised while practising percussion.—*Gazette Medicale de Paris*, June 30th.

A Writing-Machine for the Blind.—M. Recordon Geneva, has invented a machine by which blind people can write at once in characters meant for their blind brethren and in ordinary letters legible with the eyes. A writer in a Paris paper says that he saw it in operation, and a few phrases which he himself wrote with it, without any preparatory study, were deciphered immediately with surprising rapidity.

Dr. Edward Warren (Bey), a prominent American physician of Paris, has just been created a Knight of the Order of Isabel the Catholic, as a recognition of the professional skill displayed by him in the successful treatment of some Spanish personages of high position.

Dr. Joseph D. Bryant has been appointed Lecturer on General, Descriptive, and Surgical Anatomy, at Bellevue Medical College, in place of the late Prof. A. B. Crosby.

Prof. J. H. Pooley, of Starling Medical College, Columbus, Ohio, has accepted the invitation to finish the course of lectures at Dartmouth, commenced by the late Prof. A. B. Crosby.

Simple Method of Testing the Purity of Chloroform.—Dr. Lueke, of Strasburgh, gives the following simple method of testing the purity of chloroform: Immerse a small piece of thin white blotting-paper into the chloroform, and then let it dry in the air. As soon as all the chloroform has evaporated, the paper will not present the least smell if the chloroform is pure. If there is any acid smell perceptible, it indicates the presence of butyric acid in the chloroform, and as a rule has the strong characteristic odor of that substance.—*New Remedies.*

Treatment of Fissures of the Nipples During Lactation. Buttler. (*The Ohio Med. Record*, May, 1877.)—When fissures of the nipples are not due to some constitutional cause, tinct. of benzoin freely applied to the parts will, in about five to ten days, effect a cure. Only the first application is painful. Tinct. of benzoin forms a covering on the surface of the nipple, and so protects it from the child. Lactation is never interrupted by the above process of treatment.—*Ibid.*

BOOKS & PAMPHLETS.

Napheys' Therapeutics.—Already the edition of this work which was published at the commencement of the present year is *entirely exhausted.* No higher testimony to its worth could be given. It recommends itself at once to every physician who sees It. As was remarked by the New York *Medical Record*: "As a handbook of Therapeutics, pure and simple, it is invaluable to every practicing physician:" and the reason was well stated by the *American Medical Bi-Weekly*: "In no work can the practitioner learn so easily as in this one, the favorite medicines used in treating diseases, and the best methods of compounding them." A new edition (the *fifth*) is in active preparation. The editor has been assisted by several very competent gentlemen in special departments, and the work has received a most thorough revision, and very large additions.

The Pathology of Herpes Zoster—Clinically considered, by Geo. H. Rohè, Baltimore, reprint from the *Archives of Dermatology*, July 1877.

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INDEX TO VOLUME II.

	Page
Abstracts and Extracts	350, 395, 478, 531
Academy of Medicine, Baltimore, Reports	371, 428, 440
Action of Hydrocyanic Acid on the Blood	484
Action of Sulphate of Quinine on the Fœtus and the New Born Child	352
A Case of Gestation after Amputation of Cervix Uteri	532
A Case of Labor	519
Advances in Surgery	430
Affection of Sympathetic Nerve	377
Alimentation in Surgical Accidents and Diseases	485
American Association for Cure of Inebriates, Report	288
Anæsthesia, Bernard's Method	288
Anæsthesia in Labor, Employment	391
An Address Commemorative of Nathan Ryno Smith, M. D., LLD	497
A New Revulsive	474
Antiseptic Dressing of Wounds	384
Appliances	369
Application of Chemistry in Medico-Legal Science	526
Baltimore Medical Association, Report	521
Barton, Bolling W., M. D	339
Bilious Attacks	309
Books and Pamphlets	319, 363, 406, 451
Briefs	313, 359, 404, 450, 491
Browne, B. B., M. D	421
Bunion or Deviation of Great Toe	390
Cardiac Hypertrophy	376
Certain Manifestations of Gout, Rheumatism and Rheumatoid Disease	294
Chew, S. C., M. D	497
Clinical Society, Report	292, 342, 382, 426, 523
Contribution to the History of Gastrotomy	341
Consideration of Several Remedies	393
Deaths from Ether Inhalation	360, 361, 390
Dilatation of the Cervix Uteri, for the Arrest of Uterine Hæmorrhage	301
Diphtheria	353
Diuretic Effect of the Blatta Orientalis in Nephritis Scarlatina	377
Dr. Lane	357
Editorial	310, 333, 402, 447
Electricity in Medicine	462, 497
Epistaxis	339
Ergot in Hemorrhage	300
Fiske, J. D., M. D	379
Forced Dilatation of the Sphincter Ani with Reference to the Treatment of Hemorrhoids	377
Fractures	394
Functions of Lymph in Cicatrization	402
Germ Doctrine and Septicæmia	350
Johnston, Christopher, M. D	409

Late Hemorrhage in the Puerperal Month..... 298
Laryngeal Stenosis..... 365
Liquefaction of Oxygen..... 475
Malformation of Hymen in Relation to Legal Medicine..... 533
Medical and Surgical Society of Baltimore, Report.....380, 425, 476
Medico-Chirurgical Society of Montreal..... 290
Method of Arresting Hemorrhage after Excision of Tongue..... 400
Miles, F. T., M. D.....462, 497
Mitchell, M. L., M. D..... 579
McKew, D. I., M. D..... 321
McSherry, H. C., M. D..... 365
McSherry, Richard, M. D..... 277
Mumps..... 305
Obituary Record..... 452
Physiological Properties of Bromohydric Ether..... 340
Presbyterian Eye and Ear Hospital..... 356
Rational Treatment of Dysentery..... 397
Relation of Sexual Life to Acne..... 307
Remarks on the Nature and Treatment of Strabismus..... 340
Remarks on the Naso Laryngeal Douche..... 378
Rohe, Geo. H., M. D..... 463
Salicylate of Soda for Rheumatism and Gout..... 440
Signs by which Phthisis is recognized in Early Stages without aid of Physical Examination of the Chest..... 393
Superacute Pulmonary Tuberculosis..... 472
Surgical Treatment of Croup and Diphtheria..... 409
Symptoms Observed in Paralysis Agitans not yet Described by Authors..... 534
Therapeutic Uses of Pilocarpin..... 308
Theobald, Sam'l, M. D..... 330
Therapeutic Value of Alum in Affections of the Conjunctiva..... 341
Tinea Trichophytina, or Ringworm..... 453
Treatment of Prolapse of the Rectum..... 341
Treatment of Thrush..... 348
Treatment of Secondary Puerperal Hemorrhage..... 482
Urea and Its Easy Estimation..... 321
Use of the Trephine in Depressed Fractures of the Skull..... 351
Use of Salicylates in Typhoid Fever..... 478
U. S. Marine Hospital Service..... 357
Viburnum Prunifolium as a Uterine Sedative..... 421

MARYLAND
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ORIGINAL PAPERS.

NOTES ON RELATIONS BETWEEN GENERAL PRACTICE AND SPECIALTIES IN MEDICINE.

BY RICHARD M'SHERRY, M. D., PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE, UNIVERSITY OF MARYLAND.

(*Read before Baltimore Academy of Medicine, October* 16, 1877.)

The diffusion of medical knowledge, and the extension of medical or cognate sciences, have opened a field in the past few years far too great to be cultivated successfully by any one man, no matter what his abilities. Chemistry and Physiology, for example, are life studies, and the man who will master either of them, as now known or understood, will not be the skilful practical physician who is at work by day and by night at the bedside, or on the road, and who rarely has two consecutive hours at his own disposal. And yet these two sciences, wide reaching and comprehensive as they are now, are really but inchoate, and as far as we can look forward into the future, we cannot foresee the time when investigators will not find the field still open for discoveries—*nec ulli nato*, as was said two thousand years ago, *post mille sæcula, precluditur occasio aliquid adjiciendi.*

It is not much more than the allotted time of a human life since American practitioners for the most part learned the elements of their art, for it was little else, from private preceptors, and a very few text-books. In this state (Maryland) the licentiate in medicine, who had passed through no collegiate career, represented the general practitioner.

He had acquired all medicine, as he thought, when he knew something of descriptive anatomy, the first elements of chemistry, the use of a few drugs, and enough of the practice of medicine, to make a diagnosis between synocha, synochus and typhus, and between small-pox and the other form. He had a little surgery too, which was but too often rather destructive than conservative. As a general practitioner, he attended to all sorts of cases, including all the specialties as we have them now. He could bleed, and cup, and draw teeth, and set broken limbs, and deliver the farmer's wife of triplets, mayhap, to the great edification of the surrounding country. But he did too much to do everything well. In the progress of medicine, it was soon apparent that some had special gifts for surgery; that some surpassed their fellows in obstetrics; and that some, after Lænnec's discoveries, were much more skilled in diseases of the chest than others. After Lænnec, Dr. Bright brought another field under culture, and some practitioners grew famous in the knowledge of diseases of the urinary organs. And herein we see illustrations of the beginnings of the specialties. On the foundation of a good general and medical education, a man of fair abilities may make himself master of the known in any branch of medicine, but he could not master every branch even if he were to give his whole life to study, a thing impracticable when the exigencies of practice are considered, and ultimately, we only want medicine for practice.

Specialties then, though much decried, have become inevitable. A man suffering with his eyes will go as naturally to an oculist for relief, as one suffering with his teeth, will go to a dentist.

But the question arises, is all medicine hereafter to be so broken up and divided into specialties that the general practitioner, the family physician, shall vacate his place, and be seen no more? Some think so, but I cannot agree with them. The learned and skilful physician will hold his position as general adviser in all matters of health, including hygiene with medicine. He will usually stand between the patient and the specialist, giving the advantage of his knowledge to the one and to the other. He will recognize the fact that he ought not to attempt to remove a cataract, or an ovarian tumor, or a laryngeal growth,

once every five years, it may be, when he knows that near by are three skilled men who perform these operations frequently, perhaps daily. He may be as wise as, or wiser than they, but it is scarcely possible that he can operate as well. Shall he then, without future care from himself, turn over his patients unconditionally to specialists? As a rule he should not. It has been said satirically of microscopists that they can see under their lenses whatever they want to see, and it may be said that specialists are too apt to fix their attention upon matters pertaining to their specialty to observe other and sometimes more urgent disorders. I have heard of a distinguished gynecologist's operating on a patient for uterine disease while she was near death's door with a pulmonary affection, which soon proved fatal, and which he had entirely overlooked. The late Professor Frick told me he was once examiner for a London life insurance company, the agent whereof told him the company had to dissolve relations with three very eminent London physicians, men of special repute, who found respectively that nearly every applicant for insurance, had, with one, some occult gastric disease, with another some cardiac disorder, and with the third, at least incipient if not developed disease of the kidneys. The company, it seems not unwisely preferred taking some risks to refusing all applications.

Disease has its unities. The same blood permeates all parts of the animal organic structure; and the nerves of one part always acknowledge their relationship with the whole. General disease induces local developments; local diseases induce very commonly more or less of general disorder in the living economy. It is a well known fact that different symptoms come from the same lesions, while on the other hand, like symptoms may come from different lesions; moreover, it may happen, and it does happen, that various prominent organs are diseased together by dependence one upon the other, or independently. If each great organ or system is to have its special attendant, a patient with Bright's disease may want one specialist for his urinary organs, another for the heart and vessels, and yet another for the brain and nervous system, since they all become involved, which would

involve the unfortunate patient in a category of troubles exceeding his complex maladies. There must be a medical man who has scope enough to take in all the complications, even if at times he may suggest, or approve of, a special consultation. The general practitioner must be educated to a comprehensive knowledge of all the forms of disease; the specialist should also have a large acquaintance with general pathology, otherwise he will not be properly qualified to practice his own specialty.

What kind of a specialist would he be in skin diseases, for example, who was not thoroughly conversant with the functions and diseases of the kidneys, blood, nervous system, and digestive apparatus?

What kind of an oculist would he be who could extract a cataract skilfully indeed, but who did not know that ocular disease is generally due to some remote disorder, it may be to some blood contamination, or to loss of blood, or to some affection of the spinal cord which may cause lesions of the motor and sensitive nerves of the eye? The cilio-spinal tract which is capable of influencing this organ is said by Brown-Sequard to reach as low as the tenth or eleventh dorsal vertebra, and he says that sections of the lateral half of the cord from the fifth to the eleventh affect the iris like a section of the sympathetic. (*Bull—Eye lesions in affections of spinal cord. Am. J. M. S.* July 1875). And how often does it happen that amaurosis from lesions of the posterior column of the cord precedes for a long time locomotor ataxia?

The gynecologist may treat uterine disease locally, *secundum artem* with very indifferent success if he is not mindful of remote origin as when, e. g. uterine catarrh results from venous congestion due to disease of heart or lungs, or even to prolonged constipation. (Neimeyer II, 121).

The specialist in diseases of the chest may have to treat a cough where he can detect no disease of the lungs; and he may find that the cough comes from disordered stomach and digestive organs, or merely from nervous disorder. I attended two years ago a young lady with a most singular rhythmical cough which came and went in peculiar paroxysms. It may have been a form of localized chorea. The function of the eight pair of nerves

was remarkably disordered, with great perturbation of the delicate muscles of the larynx, but there was no appreciable organic disease. She is now well.

Marshall Hall says, that a simulated *pleuritis* or *carditis* may be due to intestinal irritation, which may induce symptoms in his arrangement of 1, arachnitis; 2, pleuritis; 3, carditis; 4, peritonitis. Every practitioner can confirm this statement.

The specialist in digestive disorders may be called to treat a pulsating liver, while that organ and all the chylopoietic viscera will disclose to him no disease whatever. Let him examine the heart however, and he will almost surely find regurgitation through the tricuspid orifice. Several observers, Mr. Shaw, Berard, Dr. Frederick Taylor and others have elaborated the relations between the hepatic and cardiac circulations so far as to show that the *vis a tergo* is not adequate to take the portal blood through the liver to the heart, but that an auxiliary suction force is required. This auxiliary force appears to be found in the function of respiration. When drawing a deep breath, the area of the space in which the heart is situated is enlarged. The pericardium is attached in such a manner above to the vessels at the base of the heart, and below to the convex surface of the diaphragm, that its parieties are stretched and held apart by each descent of that great muscle of inspiration. As a consequence of this increase of size in the cavity of the pericardium, there is a tendency for a vacuum to form in it; hence the blood accumulated in the venous trunks close to the heart, rushes to the right auricle with accelerated force. On the other hand, as soon as expiration follows, the blood in these venous trunks is either simply retarded, or regurgitates according to the force of the expiration. (*Monthly Abstract*, June 1876). Disturbance of this physiological order is the usual cause of pulsating liver, and it may not be amiss to suggest here that deep inspirations taken, as in active exercise, by promoting the portal circulation, must act as a wholesome stimulus to hepatic function.

It is needless to say how often gastro intestinal disorder is due to some very remote disease requiring the attendant's first care. A married woman called upon me some time ago to treat

her, or to cure her as she vainly hoped, of perpetual vomiting. Like the famous case of the woman with the issue of blood, she spent a great deal of money among many physicians without any benefit. My success was not greater than that of my predecessors; indeed, she died on my hands. With perpetual vomiting there was no evidence of gastritis, there was no tumor, no tenderness, and there was, for that matter was investigated, no uterine disease. The vomiting was without effort and without nausea. The one positive symptom of disease was a sense of distress about the occiput, and this she only mentioned when questioned. Some amelioration of symptoms followed the use of derivatives to the nuchal region. Withal, she died, and died suddenly as from effusion about the base of the brain. In this case treatment for gastric disease was futile or worse. If Archeus was here dethroned it was from revolt in the province of the encephalon, and not through domestic insurrection.

It is in such cases as the one just noted that, as Da Costa says, error may readily happen from overlooking the brain trouble on account of prominence of gastric symptoms.

And yet, withal, as showing how complications may run, Brown-Sequard asserts that after injuries of the corpus striatum, crus cerebri or spinal cord, softening and ulceration of the gastric mucous membrane occur; hemorrhages generally after injuries of a certain part of the pons varolii.

On the other hand, the specialist in nervous diseases will be quite at fault if he does not appreciate the origin of many of them in remote visceral disease. Just as surely as diseases of the nervous centres are productive of visceral congestions and hemorrhages, just so surely do primary visceral diseases induce cerebral or nervous disease, by reflex action or otherwise. Thus we have either of two series: first, symptoms in the viscera during the occurrence of brain lesions; or, second, symptoms of brain affections during the existence of visceral diseases, as a consequent, not a mere coincident element, from which we may understand that it is always an irritative agent which is at work.—(Dr. Dupuy Med. Record).

The specialist in nervous diseases would find himself not less surprised than the general practitioner at discovering in a patient dead of rheumatism and pneumonia as obvious maladies, the pia mater of the whole brain strongly congested, thickened and covered with a fibrino-purulent exudation of a greenish yellow color, filling the subarachnoid space. Similar appearances were observed in the internal aspect of the cerebral hemispheres, on the upper surface of the cerebellum, on the medulla oblongata, and the upper part of the spinal cord. They were found of slight intensity in the cervical portion of the cord, but became more distinct in the dorsal and lumbar regions, and were most intense in the cauda equina, where a large collection of fibro-purulent fluid was found between the arachnoid and the pia mater. There was some exudation along the choroid plexus in the lateral and third ventricles of the brain.

Is not this classical cerebro-spinal meningitis? And what symptoms had indicated these morbid changes? Obscured consciousness, intense headache, jactitation, muscular paralysis, painful sensations in the extremities, cutaneous hyperæsthesia, or anæsthesia? Not one of these symptoms was present during the ten days that this patient was in the hospital preceding his death. This case is recorded by an Italian physician as having been under his observation. The autopsy confirmed the diagnosis of pulmonary and cardiac disease; but the explanation of the cerebro-spinal lesions is left to exercise the ingenuity of medical reasoning.

The illustrations which I have just been using tend to show how the various morbid conditions which afflict our race, run together, overlap, or interblend with each other. I will not use more, but before coming to a final argument I wish to make a few passing remarks on a very delicate subject, that is, of turning obstetrics and diseases of females, over to female practitioners. There seems to be some *a priori* reasoning in favor of this course, but I believe it to be fallacious.

The practice of obstetrics requires, besides skill and coolness, very considerable physical strength, more indeed than women are likely to possess. It is true a great many cases could be left

to nature, or would require very little assistance, such as might readily be given by a female attendant, but no one knows beforehand what exigencies may occur in any case, and the attendant should *always* have the qualifications ready for any emergency. Physical strength and power of endurance are very important qualifications. It is a very exceptional woman who can carry a man's burden on her shoulders. *La femme est une malade*, says a French philosopher, and his assertion approaches the truth when applied to the highly refined and cultivated woman.

Prolonged preparatory and professional education, to say nothing of her dwelling for a time, like a ghoul, in that chamber of horrors which is an inevitable ante-room to the great temple of medicine, our Asclepion, would add nothing to her own health, or strength, or physical endurance.

Moreover, the general fact is, whatever may be made of it, that ladies have far greater confidence in men than in women in such cases. They would always prefer in times of difficulty and danger to be under the care of men, and no man can be a thoroughly capable obstetrician except through constant practice. The modern science of obstetrics, in short, requires male practitioners with all the endowments that nature, study, and hard earned experience, can give them, and it will doubtless remain in their hands.

I can speak thus the more freely because in so far as my own sentiment is concerned, I would be pleased to relegate all the onerous and arduous practice involved in gynecology and obstetrics to special practitioners.

From what has been said it may be readily understood that general practitioners and specialists must in the future maintain definite relations with each other. They must be coöperating, not antagonistic powers. The general practitioner cannot be expected to know all the advances, and all the details of every branch of medicine. It was remarked by Dr. Johnson that the human mind is so limited that it cannot take in all parts of a subject. This is a truth or a truism, which readily comes home to us. No one man knows all the known in medicine in its entirety. But it is so now and it will be to the end, that the general

practitioner will take more comprehensive views than the specialist, and that he will be better qualified to take charge of the general health of the community. He will take in disease in its complex forms, and will usually see it through its various phases. When called to a case of diphtheria, for example, he will not at the end of a week turn it over to a specialist in urinary diseases, who at the end of another week might have seeming occasion to turn it over again to a specialist in nervous diseases. Such proceeding would be irrational. The general practitioner must himself foresee these occasions, and be prepared for them. But yet it may readily happen that he will be at a loss in diagnosis or for treatment, medical or surgical, in some of the refinements where there is obscure affection of some particular portion of the organism, and where the acquirement of a capable specialist would be more exact than his own. In such cases he very properly takes counsel with the specialist. In consultation the one will give wider general knowledge, the other more accurate special knowledge. Specialists are and ought to be pioneers in their respective branches, and any progress they may make, goes shortly to the general advancement of medicine.

A competent specialist should have passed over the whole field of medicine both in study and practice for a term of years; and the general practitioner must keep up a fair acquaintance with all specialties, since there is no exact line of division between specialties and general medicine. In those countries where some have been educated for surgery and some for medicine as distinct professions, it has been found that such distinction in education is an error. The man whose life is to be devoted to the care or cure of human maladies, must not be half educated, whatever may be his destined career of practice.

Whatever may be the case in cities, our brethren in the country must necessarily be general practitioners; but they eminently, will find their labors and responsibilities greatly relieved by the aid they can get in peculiar cases from special consultations in the cities.

In consideration of the necessities and the status of medicine at this day, the following conclusions are now summarily presented:

1. The general practitioner of medicine and surgery is the principal and most important representative of our profession. He ought to be well informed in all the so-called specialties.

2. The rapid progress made in many various and devious branches of medicine cannot be followed in all details by any one practitioner; some therefore may properly become specialists. The qualified specialist should be well informed in all branches of medicine.

3. General and special practitioners, thus properly qualified, should in all suitable cases mutually give and take counsel with each other, and act as collaborators.

4. All regular physicians who are governed by a common code of ethics belong to the venerable family of the Asclepiadæ, and should make a frank acknowledgement of fraternity. And—

5. As brethern we should use all proper means to promote harmony and friendly relations among each other, and to do what lies within us for the common good of the profession and of humanity.

TRANSLATIONS.

Examination of the Genital Organs of an Hysterical Patient. By De Sinèty, (*Archives de Physiol.* 1876).—The examination had two interesting features The patient had an ovarian tumor of the right side. At the autopsy the right ovary was found at a greater distance from the uterus than the one on the opposite side. It was much more voluminous, without presenting any special lesions. The ligament contained a supernumary ovary. The young woman died at the age of 21. Her periods were very irregular during life. Her death took place immediately after a menstrual flow. At the *post mortem* examination a large number of follicles were found in the ovaries. Follicles already described by Slawjansky and De Sinéty, which degenerate and disappear without having discharged their ova. These ovaries contained no Graafian follicles nor corpora lutea. This observation confirms those already published by De Sinèty and other authors in regard to the independence in certain conditions of the two functions of ovulation and menstruation. (See also The Ovulation Theory, by Reeves Jackson, *American Journal of Obstet*).

Politzer's Method Modified by Roustan.—By Horteloup, (*Societe de Chir., page* 685, 1876).—Horteloup says that this method invented by Roustan is but a modification of that of Politzer. The obliteration of the posterior passage is obtained by elevating the soft palate until it assumes a horizontal position. This is accomplished by movements of deglutition. These movements are of very short duration and soon become very fatiguing and Roustan proposes to replace this exertion by movements of expiration. This plan has the advantage of being executed by the patient only. For this purpose a rubber tube is employed, one end for the mouth and the other to be inserted into the nostril. The nares are kept closed by the thumb and index finger, and then it is only necessary for the patient to blow into the tube to force air into the nasal fossæ and from there into the Eustachian canal.

Syphilitic Origin of Lepra. By Huillet, (*Nice Medical*, 1877). The author is disposed to admit the syphilitic origin of leprosy for the following reasons:

Almost all the individuals that he saw in Pondichery affected with this malady presented undoubted signs of syphilis. Syphilis is wide spread in the East Indies and the people take such poor care of themselves that the disease often makes fearful ravages. To sustain his opinion he cites the case of a woman affected with leprosy, whose father being syphilitic, impressed all the children with hereditary syphilis. For that reason the author inclines to the idea that leprosy is a degenerated form of syphilis.

Treatment of Synovitis Hyperplastica Granulosa by Injections of Carbolic Acid.—*By J. Schmidt*, (*Centralbl. fur Chir.* No. 35, 1876).—The want of success of these injections in the treatment of white swelling is principally due to the fact, that in cases submitted to this treatment suppuration had already commenced; besides the injections were not continued long enough.

At Grieifswald, says Schmidt, this style of medication applied to non-suppurating white swellings, has always given excellent results, and to encourage others in the use of this mode of treatment he cites six cases of the knee and hip which terminated in recovery.

Observations by Mallow on Cl. Bernard's Method of Anæsthesia.—(*Arbeit aus dem pharmac. Saborat. Zu Moskau, by Sokolowski*, 1876).—Nussbaum favored the method of hypodermic injection of morphia during chloroformisation which prolonged the anæsthetic action, but did not remove the dangers of the two first periods of inhalation. Surgeons have uniformly condemned this method. Bernard's plan consists in the use of the hypodermic injection immediately before the exhibition of the chloroform. Mallow has made twelve personal observations in which *mixed* anæsthesia has been most successful. Chloroform administered alone first irritates the mucous membrane which produces reflex action and the patient is asphyxiated to a certain degree. It is by reflex action, that the respiratory and vaso-motor centres are paralyzed, that the energy of the heart is weakened and that syncope is produced. If this be true the role of morphia is easily understood. It deadens the sensibility of the mucous membrane, no reflex action is produced and the period of excitement is therefore suppressed. Asphyxia and syncope are not produced by this process and for the following reasons: Anæsthesia takes place so rapidly that the doses of chloroform can not be large. Morphine excites the cardiac centres, diminishes the caliber of the blood vessels, elevates the arterial tension and has an inverse action to that of chloroform.

In summing up, morphia diminishes the cerebral excitability, anæsthesia takes place rapidly, there are no dangerous symptoms, no paralysis of the heart, no respiratory troubles and no fall of temperature. Sleep lasts longer, and the after effects are less disagreeable than after chloroform alone.

J. D. F.

REPORTS OF SOCIETIES.

MEETING OF THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

The eighth annual meeting of the American Association for the cure of Inebriates, met in Chicago recently, the president Dr. T. L. Mason, of Brooklyn, N. Y., in the chair.

The secretary read a paper on "The Responsibility of the Production of Opium Inebriety," which had been prepared by Dr. J. B. Matteson, of Brooklyn.

The writer set forth that, within the last two or three decades, the consumption of opium has increased far in advance of its direct therapeutical need. The question to consider was whether patients indulged in the use of opium for the purpose of obtaining transient happiness or oblivion, or whether once ordered by the physician and continued indefinitely, its use caused such mental and physical changes as to engender a constant demand for it. The vast preponderance of testimony was to the effect that its use was often entered upon unconsciously, and continued until it became a physical necessity. High authorities concur that the opium habit has its inception in prescriptions ordered by physicians. It is, therefore, advisable not to recommend opium continuously for the purpose of allaying pain, especially with patients of a nervous temperament, lest the physician might become the innocent cause of setting the spark to the fire that may only be extinguished with life. The writer held that fully 80 per cent. of the cases of opium inebriety in this country may be traced to opiate prescriptions. Physicians are too ready to prescribe opiates for the relief of pain or insomnia, and too careless about seeing that, when the strict therapeutical necessity for its use has been fulfilled, the use be discontinued.

Dr. Widney said that in his experience South during the war, when opium was very scarce, the persons who had been in the habit of using it turned their attention to alcohol as a substitute. In one case a woman who had been in the habit of taking as high as twenty grains of morphine a day, drank a quart of whiskey without becoming intoxicated. Persons could use alcohol for a longer time than they could opium without becoming dependent upon it. He believed that legislation was necessary for the control of the sale of opium and its preparations.

The Rev. John Willet believed that the charges against the doctors were too sweeping, and that they were less responsible than the druggists. Great difficulty existed in reaching the facts, owing to the utter want of veracity on the part of the patients. No opium eater, in his experience, ever told the truth in regard to the origin of the habit in them. A whisky drinker would lie, but an opium eater would keep on lying all the time. The habit arises insidiously and by accident more than in any other way, and physicians, in order to guard against

the danger, should watch their patients, and substitute other and harmless prescriptions.

Dr. Earle concurred with the last speaker that physicians were not so much answerable as were the druggists. They filled prescriptions without the order of a physicians, and he believed that under the law they were allowed to hold prescriptions as private property, and might continue to hold them indefinitely. This was all wrong and legislative restriction was needed. He did not believe that the opium habit or the whiskey habit were diseases.

Dr. Day of Boston had considerable experience of such cases, and considered that the origin of the habit was more often accidental than otherwise. He blamed the druggists for the indiscriminate filling of prescriptions. He also recommended that special care should be given to the control of the sale and use of opiates. The opium habit was a most fearful disease.

The Chair considered the subject a most important one. The importations of opium are largely increasing every year, and the effect of its use on the race is very profound and wide-reaching. Somewhere a great responsibility existed, and he held the druggists most culpable. Many of them were as directly interested in the sale of opium and morphine as the saloon keeper was in selling liquor.

The Rev. John Willet followed with an elaborate paper on the diseased appetite of the drunkard, and its cure. Mr. Willet utterly disowned the miraculous-cure theory advanced by the new order of religio-temperance teachers, and claimed the recovery of the drunkard from his degraded condition must be attained by human means. He invited the "deluded zealots," who insist that the drunkard's habit and appetite can be cured by miraculous interposition, to visit an inebriate asylum and experiment on its inmates.

MEDICO CHIRURGICAL SOCIETY OF MONTREAL.

(*Canada Medical Record, September.*)

This Society met August 4th, the president Dr. Fenwick in the chair.

Dr. Finnie then read a paper on "Sulphur and Sulphurous Acid in the treatment of Diphtheria." It was generally believed now that the

diphtheritic membrane was fungoid in character. It had occurred to him that anything which killed this fungoid would arrest the disease —sulphur was such a remedy. The present epidemic had prevailed from November of 1876 to the present time. Till January, he had been using tr. ferri. mur. and acid carbolic locally, and quinine and iron internally, with nourishing diet and stimulants when indicated, with little success. In January he began using the sulphur treatment. The treatment consisted in burning sulphur in the room for one or two minutes every two hours, giving sulphur grs. x. every two hours internally, and applying sulphurous acid locally. He cited a very severe and hopeless case which he had been treating in the old method; he began the sulphur treatment, and in 16 hours there was marked improvement and the patient recovered. The sulphur sometimes produced a relaxed state of the bowels in from 12 to 24 hours when it was necessary to lessen the dose. He had at that time treated 16 cases by that method, 11 under 10 years of age, 3 from 12 to 15 years and the rest adults, and since January he had treated two more cases in the same way, without a fatal case, and among them some had been very severe. He was satisfied of the great superiority of this treatment above all others, and strongly urged his confréres to give it a trial.

Dr. Reddy did not endorse all that Dr. Finnie said. He had tried the sulphur treatment, but combined it with the use of ammonia and iron internally.

Dr. F. W. Campbell asked what was the effect of the membrane? He had seen the membrane reproduced after peeling of, and the symptoms reäppear. There was a great difference in the severity of cases; a great many cases of inflammation of the tonsils with exudation of lymph were mistaken for diptheria. In true diptheria the membrane was dark brown and leathery, and there was enlargement of the submaxillary glands.

Dr. Cline gave the statistics of the results of the treatment of diphtheria in the Montreal General Hospital. Out of twenty-seven cases there have been eight deaths, giving a mortality of 29 per cent. These cases had been treated on the old plan, ammonia and iron and sometimes chlorate of potash internally, and locally disinfectant gargles aud washes of carbolic acid, etc., with the exception of three or four cases which had been treated by the sulphur method. The ages of the fatal cases were two 2 years, two 3 years and the rest 1, 10, 6, and 24.

Dr. Ross remarked that all the cases treated in the hospital were of a severe type, mild cases were not generally sent to hospital. It was necessary to have some idea of the severity of the cases reported in order to form any opinion as to the result of different modes of treatment. He asked if any local application of heat or cold had been used. He had lately been using ice internally and externally, and preferred it to heat. It appeared to check the swelling of the glands.

Dr. Osler, at the Boston Medical Club, had heard a paper read on the treatment of diphtheria. A great number of specifics had been advocated by different men, all of whom had reported a large number of cases attended with extraordinary success under their special mode of treatment. One man had reported 100 cases without a death.

Dr. Fenwick did not think that all cases of true diphtheria were attended with enlargement of the glands. Had seen very severe cases without such enlargement. Admitted that it was present in the majority of severe cases. The membrane was leathery, greyish, and about ⅛ inch thick.

Dr. Finnie admitted the difficulty sometimes of distinguishing tonsillitis from diphtheria, yet was confident that none of his cases were cases of tonsillitis. Cited one case in which he was enabled to disprove diphtheria by the presence of a diphtheritic membrane on an abraded surface on the ear. He had used ice, but given it up on account of the discomfort its use generally produced. The local disease was not always proportionate to the severity of the general symptoms. The epidemic had been of a severe type, and out of 38 cases which he had some were very severe. Had great confidence in the sulphur treatment.

MEETING OF THE CLINICAL SOCIETY OF BALTIMORE.

The first meeting of the Clinical Society, since the adjournment for the summer, was called to order on Monday, October 1st, at 8-30 p. m., with the vice-president in the chair. Reports from the various committees showed the society to be in a most flourishing condition.

There had been a large attendance during the preceding winter and great interest had been shown by the members. The absence of any discussions on "medical etiquette", an expression common in the mouths of suspicious practitioners, which is a feature of the society.

leads to freedom of thought and harmony in debate; while the moral tone of the society is not lowered in the least.

There was an election of officers for the ensuing year which, after a good deal of balloting, resulted as follows: President, Dr. F. E. Chatard; vice-president, Dr. I. E. Atkinson; corresponding secretary and treasurer, Dr. J. Shelton Hill; recording secretary, Dr. R. B. Morison; executive committee, Drs. Tiffany, B. B. Brown and Theobald.

Dr. Tiffany gave the history of two cases under the head of "Notes on Jaborandi." The drug was given first in a case of puerperal eclampsia, and second in a case of cirrhosis of the liver. An infusion of the dried leaves was made ℥j to f℥iv and the whole given at once.

A decided effect was noticed in fifteen minutes and at the end of an hour there was general abatement of symptoms, reduction in number of respiratory movements, eyes running freely and large flow of saliva. Perspiration very profuse, more flowing however from the posterior part of the body than from the anterior, where drops could be seen to "come out" as it were and run off. In answer to questions Dr. Tiffany said the convulsions in the first case were not prevented, but markedly effected for the better, being less frequent and severe.

Dr. Atkinson had seen photographs shown him in New York, by Dr. Piffard, of a case of ichthyosis of the leg in which jaborandi had been used. The difference in the appearance before and after the trial of the drug was great; there was much improvement. The action of the drug was mechanical causing the perspiration to flow freely over the diseased parts; but the treatment was not probably curative.

Dr. Tiffany thought the alkaloid of jaborandi, pilocarpin, might be used to advantage in eclampsia. Dr. Hill thought such a large quantity as f℥iv would be given with great difficulty in many cases of eclampsia.

Dr. T. R. Brown showed specimen of a growth removed from the vagina of a little girl 18 months old. The little patient had been sent to him from the country in August, when he had noticed several bodies projecting from the ostium vaginæ each having a distinct pedicle. Having twisted these off a finger was introduced into the vagina which was found to be filled with numberless growths lining the whole of the inside. These were torn off by the finger and the vagina left entirely clear of them. The patient was sent home and

since then a body much larger in size than any of the others had been removed by the physician in attendance, besides smaller ones. Dr. Brown judged from the appearance of the largest growth, that it might be a papilloma though no thorough examination had as yet been made with the microscope, the specimen not being sufficiently hardened.

An interesting point in the case was that preceding the appearance of these tumors, there was regularly a flow of blood much resembling the menstrual flow, accompanied with pain and vesical tenesmus. At present the child is doing well.

Dr. Theobald showed a lachrymal probe, the largest of his new series, No. 16, which is 4 mm. in diameter. During the summer it had been used frequently and was a great success. Tieman in New York had written that the new probes were often called for.

R. B. MORISON, Sec'y.

SELECTIONS.

ON CERTAIN MANIFESTATIONS OF GOUT, RHEUMATISM, AND RHEUMATOID DISEASE.

BY J. A. MENZIES, M. D. ED., F.R.C.S. ED., NAPLES.

From the number of cases which have come under my notice in the last few years of patients who have been, or are, sufferers from certain forms of uterine disease, and the connection which I think I can establish between them and rheumatism, gout, and rheumatoid disease, I am inclined to believe that the importance of heredity and diathesis in these complaints is either overlooked or underrated. Dr. West has pointed out that there is a troublesome form of gouty dysmenorrhœa, and from what I have seen myself, the gouty, rheumatic, and rheumatoid diatheses are also frequently associated with metrorrhagia and menorrhagia. I need not allude to the well-known connection between gout and asthma and bronchitis further than to say, that in female chronic bronchitic patients I have found that they have generally suffered from dysmenorrhœa, and that the bronchitis has become estab-

lished after the cessation of the catamenia. On the other hand, those who have suffered from metrorrhagia seem to incline to articular disease at the same period. But this is a question which can only be settled satisfactorily by those who have had such patients under observation for considerable periods of time, and who can speak positively, not only as to the actual disease, but also as to the heredity.

Many of these patients accept their sufferings as a matter of course, and take no steps whatever to have them alleviated. In a case recently under my notice, a lady asked me to prescribe for a friend with whom she was travelling, telling me that she was so alarmed at her state that she could not exist longer without having advice, although she knew that the step she was taking would certainly lead to a serious disagreement with her companion. And in very many other cases I have found the same carelessness or positive aversion to seeking advice. There is reason also to believe that some sufferers from dymenorrhœa are treated for stricture of the cervix and flexions, to which latter, perhaps, undue importance is in some cases attached. If the cause of the dysmenorrhœa is mechanical, mechanical and surgical treatment will be of service, but only in this case.

Some of these patients are of a peculiar temperament. They are either in the most exuberant spirits, or in the deepest despondency. They seem hardly to know what the happy medium is. Others, from having found relief from their agony by the use of stimulants, have gradually acquired, if not actually, the habit of exceeding, at least, an inclination to indulge in more stimulant than is usually taken by ladies. And to this cause, and the peculiar temperament before mentioned, I am inclined to attribute a considerable portion of the excess in stimulants which we know is so prevalent at the present day in females of all ranks of life.

Generally, they are childless, or their children are very few. In some, as the disease progresses, miscarriages occur, and all sorts of reasons may be assigned as a cause. One cause of sterility is said to be an acid condition of the vaginal mucus, which it is only reasonable to suppose will be found in these patients. Another cause may be the condition described by Dr.

Macrae of Penicuik, in the January number of this Journal; and a third, a condition of chronic endometritis.

It is not unreasonable to suppose that the hyperacidity of the secretion may cause spasmodic stricture of the cervical canal, and also very great suffering, without stricture, in some cases. It is remarkable that several mineral springs, of undoubted efficacy in rheumatic and gouty cases, enjoy a reputation for the cure of sterility.

A few cases out of many which I have observed will show clearly enough the point which I am trying to establish. The first is interesting as showing the connection with uterine disturbance, bronchitis, and arthritic disease. Unfortunately, I find no reference in my notes as to the state of the catameuia previous to cessation.

1. When a lady who had passed the critical period came first under my notice, I was told that she was suffering from phthisis. On examination, I found nothing that warranted the belief. There was a history of severe hæmoptysis, which, on investigation, I found had followed immediately after the sudden cessation of the catamenia, caused by a severe mental shock. There was severe pain localized about the outer third of the clavicle, and great flattening of that side of the chest as compared with the other. During my examination, I was struck with a creaking and grating sound, which, on inquiry, I was told proceeded from the shoulder-joint, and I soon had proof that it could be heard a long way off. The joint had been painful and useless for a considerable time, which quite accounted for the flattening of the chest, owing to the waste of the pectoral muscles. Bronchitis was well-marked; and in addition, she suffered frequently from congestion of the kidney. The pain was either sympathetic from the shoulder-joint, or from a periostitic inflammation of the part. Dry cupping and blistering had been freely employed, but had not done much beyond affording temporary relief. Iodide of potash, however, and cod-liver oil, ameliorated her condition; but it was far too late in her case to attempt anything like curative treatment. There was said to be heredity of gout and phthisis.

2. A married lady—no family—has a tendency to gravel, very

bronchitic, suffered from dysmenorrhœa before the cessation of the catamenia.

3. A married lady, very rheumatic, and has had gravel; has had several miscarriages without apparent cause. Has three children alive, but appears to have an increasing tendency to miscarry as she grows older. Suffers much from bearing-down pains at times. I have treated her for endometritis depending on rheumatism, with marked benefit. Father very rheumatic.

4. A married woman, separated from her husband, very rheumatic; *pari passu*, with the increasing rheumatism, dysmenorrhœa appears.

5. A widow lady without children, formerly metrorrhagic. On cessation of the catamenia, suffered from arthritic disease of both knee-joints, the cartilages of which are now probably almost entirely absorbed.

6. A young lady, unmarried, very rheumatic, subject of occasional hysterical epilepsy, bronchitis, and metrorrhagia.

7. An American lady—had perpetual miscarriages, and during a period of ten years only menstruated once. Her adviser in America, by certain agents which I do not care to describe more particularly, effectually restored the secretion, and prevented conception. She had previously had children, some now living. Is a severe sufferer from chalky deposits in the hands, and cardiac affection. Heredity rheumatic.

8. A young lady, unmarried, was much disfigured by eczema of the face, which disappeared under treatment. Has since suffered from gravel, and is metrorrhagic. Had hip disease in childhood.

9. A lady, who suffered severely from dysmenorrhœa, told me that all the ladies of her family were similarly afflicted. She denied heredity of gout or rheumatism, but confessed to having had rheumatic pains in her wrist, and her knuckles were very much enlarged. She also suffered from irritable bladder.

10. A young married lady, dysmenorrhœic. After several years of marriage, no children. Gouty heredity.

11. A married lady, dysmenorrhœic. After several years of marriage, a still-born child.

12. Two ladies—aunt and niece. The former a widow, metrorrhagic and dysmenorrhœic, no children. Says that no member of her family ever escaped gout. Tendency to bronchitis. Niece metrorrhagic only.

I have on two occasions been called to see young ladies who were almost cyanotic in paroxysms of asthma. One of these was a dysmenorrhœic, with gouty heredity, and I was surprised to find that the only treatment for her asthma had been stramonium, or datura tatula cigarettes, and a cough mixture. As she was about twenty-six years of age, and had been subject to these attacks for about ten years, I am afraid that the disease had taken too strong a hold to be easily cured. The other case was in a rheumatic patient, who was about sixteen. She had had a few scanty periods with much suffering, and always accompanied by severe asthmatic attacks. Cough mixture, and hot gin, or whisky and water, had been considered sufficient treatment for her.

I cannot, unfortunately, offer any suggestions derived from my own experience as to successful treatment, as I have never, except in one case (No. 3), seen the patient again. As a general rule, cinchona, iron, and abstinence from sweets, acids, and, above all, milk and cheese, may be found of service, and, where practicable, recourse should be had to those mineral waters which are of service in gouty and rheumatic cases. Turkish baths are serviceable, and salt-water baths, under proper precautions, most beneficial. Flannel should always be worn next the skin. I must not omit, however, what is perhaps of equal importance with iron—cod-liver oil. It should enter into the daily diet of these patients, and be as familiar an article of food as toast, potatoes, or tea.—*Edinburgh Medical Journal, September.*

LATE HEMORRHAGE IN THE PUERPERAL MONTH.

(Prof. F. A. Kehrer, in *Praktischer Arzt.*) The majority of these late hemorrhages (during the second and third weeks) have their origin from the point of placental attachment, and, in most cases, occur after the woman has left the bed. Examination of a

number of such cases showed three distinct conditions of the genital organs.

1. Most frequently, the somewhat enlarged uterus is found to contain a soft blood clot; after removal of this, the projection of the placental site can be felt. In these patients, the first week may have been normal, and the as yet unorganized clots at the placental surface detached by strong bodily exertion; or the patient may, from the first, have had symptoms of endometritis; this latter accident would very readily explain the delayed healing of the placental site or its necrotic softening. In such cases, the prognosis is almost always favorable.

2. In rarer cases, we find, within the uterine cavity, a hard, smooth tumor, varying in size from an acorn to a hen's egg; its center, macroscopically and microscopically examined, proves to be a portion of the placenta. Layers of blood and fibrine have been deposited around it, and the uterine contractions have given it an oval form. Kiwisch designates these as *fibrinous polypi*, Carl Braun calls them *placental polypi*, and Virchow, *polypiform hæmatomæ*. In these cases, it has been observed that the after-pains have been very severe and have lasted unusually long, and that the puerperal hemorrhage, during the first few days, was excessive in amount. After the cessation of hemorrhage, the lochial discharge has an unpleasant odor, the uterus is painful, and, in the second or third week, frequently recurring hemorrhages take place, rapidly exhausting the woman's strength. Sometimes the polyp degenerates, and passes off with the lochia, or it may be spontaneously expelled by the uterus in its entirely. The retention of a part of the placenta may now and then be attributed to a partial placentitis (Hegar), which causes the affected portion to more closely adhere to the uterine surface; but, whatever be the cause, it should always be our aim to prevent such an accident.

3. Finally, there are cases in which the uterus and vagina are found filled with fresh clots, on removal of which, thin blood flows from the uterine cavity. These gushes occur with each succeeding pain. Internal examination fails to detect the site of placental attachment. The uterus is generally small in size.

This last class of cases leads to the most unfavorable prognosis, as the patients generally belong to the hemorrhagic diathesis, and the frequent hemorrhage from the genitals, alternating quite often with epistaxis, rapidly diminishes the patient's strength, and is succeeded by a high grade of anæmia.

In exploring the uterine cavity in all such cases, the greatest caution must be observed, as there is exceeding great danger of infecting our patients. Antiseptic injections (preferably 1-2 per cent. solutions of carbolic acid) should always be resorted to. After thoroughly cleansing the vagina, the uterine cavity should be similarly treated. In case of severe hemorrhage the ordinary hæmostatics (tampon, ice, ergot) should be employed. If necessary, undiluted liq. ferri sesquichlorid. may be used as the injection. If the lochia be not putrid, nor the uterus sensitive, exploration is then in order. Soft clots and placental polypi, if found, should be at once removed. The finger is, by far, the best instrument by which to accomplish their removal.

Constitutional treatment is indicated in all these cases.—*Cincinnati Clinic, from Schmidt's Jahrbucher*, No. 6, 1877.

Ergot in Hemorrhoids. By Edward S. Lansing, M. D., of Burlington, N. J.—It is conceded by the curious and most careful investigators and experimenters, and confirmed by the clinical observations of many practising physicians, that ergot produces a very decided effect upon the unstriped or involuntary muscular fibre, exciting it to contraction.

The uterus in the gravid state is the most familiar example in which its power is susceptible of very satisfactory observation.

In atonic hemorrhages, hæmoptysis, hæmaturia, its efficacy is acknowledged. In chronic congestion of the spinal cord and its coverings, its power to cure is vaunted by no less authority than Dr. Brown-Sequard. In the last-mentioned diseases the capillaries are involved.

Considering the pathological condition denominated hemorrhoids to consist in an enlarged condition of the veins (an increased length and diameter as a result of hæmostatic pressure at some

time) which continues after the inducing cause or causes are removed, simply on account of the relaxed and feeble condition of their coats, and conceding the power of ergot upon that greatest aggregation of unstriped muscular fibres in the human system,—the uterus,—also its power upon the capillaries, where the presence of the unstriped fibre has with difficulty been determined, as in hæmaturia and chronic congestion of the spinal cord, it suggested itself that ergot ought to relieve, and with so many favorable factors one could reasonably expect it would cure, many cases of hemorrhoids.

Having an intractable case on hand of twelve years' standing, I tested it.

I used ergotin in suppositories, four grains each, night and morning at first, subsequently at night only.

The first effect of the ergotin was to produce pain for half an hour or more, but after the use of three or four no unpleasant effect attended their use.

The hemorrhage ceased, the congested condition of the parts yielded, the hyperæsthesia was replaced by normal sensation, the hard, cordy condition of the veins passed away, and the slight tumefaction remaining suggested interstitial fibrinous exudation or cellular hyperplasia.

Having treated five cases with the ergot, in four of which the result was more satisfactory than I anticipated, the fifth is still under active treatment.

Having never seen the treatment suggested, and the result in my cases being so happy, I offer it that others may test it, and possibly much relief accrue to a numerous class of great sufferers. —Philada. *Medical Times.*

DILATATION OF THE CERVIX UTERI FOR THE ARREST OF UTERINE HEMORRHAGE.

Dr. George H. Lyman, of Boston, read a short paper upon the above subject, in which he presented the claims of dilatation of the cervix uteri as a means for arresting uterine hemorrhage, and related cases in which the means had been adopted with advantage. The dila-

tation had been performed for purposes of diagnosis, and so marked had been the relief from the hemorrhage, which had been the alarming symptom, that special attention had been aroused to the dilatation as a means for its arrest. The first case was one in which there was a small fibroid on the upper part of the cervix; it had been attended by profuse and frequent hemorrhages. Dilatation by means of a tent was followed by immediate subsidence of the hemorrhagia occurring in a woman twenty-eight years of age, and in whom no deviation from the normal condition in the uterus could be found. She was liable at all times to sudden gushes of blood. Dilatation was followed by immediate relief; her periods became regular and the flow normal. To the third case not much importance was attached. The fourth case was one in which menorrhagia was present, dependent upon hyperplastic endometritis. The hemorrhage at times was profuse; for nine months the woman had been confined most of the time to her bed. Fibroids were also present. Dilatation, removal of masses of hypertrophied mucous membrane with the forceps, scraping the cavity with the curette, were followed by immediate and permanent relief, no menorrhagia having occurred for two years and a half. The fifth case was one in which the cavity of the cervix was dilated with a tent, the curette introduced, and small growths removed which had, upon microscopical examination, something the appearance of malignant disease. The dilatation and the use of the curette were followed by an arrest of the hemorrhage. In the first case, although the fibroid was not removed by extreme dilatation, the hemorrhage was immediately controlled. In the second case, hemorrhage, without discoverable cause, and of four years' standing, was relieved by the dilatation and had not returned. In the third case, hemorrhage was greatly diminished by the first tent introduced. In the third and fourth cases, it was impossible to affirm that dilatation alone would have arrested the flow, for in both cases the curette was employed, and hypertrophied mucous membrane and hyperplastic growths were removed; and yet it did not seem certain but that the dilatation, by removing the constriction of the cervix, might not have alone arrested the hemorrhage.

The theory with regard to the operation was, that it removed the constriction at the internal os, consequently relieved the tissues above that part. The suggestion was thrown out, had we not been too ready to substitute cause for effect, and was not the hyperplasia of the lining membrane of the uterus, etc., the consequence of strangulation of the cervical vessels by a moderate constriction of the circular fibers of the cervix, and with the removal of the one, relief would come with the other.—*Transactions of the American Gynecological Society, in Amer. Journ. of Obstet.*

Howard's Method of Artificial Respiration.—Dr. Benjamin Howard, of New York, in a late paper before the British Medical Association, objected to Hall and Silvester's method, and proposed the "direct method." In this, in order to dispose of accumulations in the stomach or chest, the patient being turned face downward, a firm bolster beneath the epigastrium made that the highest, the mouth the lowest point. Pressure being made on the back, the object was accomplished by both ejection and drainage. The patient, stripped to his waist, being quickly turned upon his back, the bolster was placed beneath it, making again the epigastrium and anterior margins of the costal cartilages the highest points of the body, the hips, shoulders and occiput barely resting on the ground. The patient's wrists were seized, and the utmost possible extension being secured with them crossed behind his head, they were pinned to the ground with the left hand, so as to maintain it. With the right thumb and forefinger armed with the corner of a dry-pocket-handkerchief, the tip of the tongue was withdrawn and held out of the extreme right corner of the mouth. (If a boy were at hand, both wrists and tongue might be confided to his care.) In this position, two thirds of the entrance to the mouth were free. The epiglottis, by this backward curvature of the neck, was precluded from the pressure often caused by undue flexion. The head, as Nélaton urged, was dependent; the free margins of the costal cartilages were as prominent as they could be made. By crossing the wrists, the latissimi dorsi were brought further into play than usual,

and there was a fixed thoracic expansion, which Dr. Howard believed unattainable in any other manner. The epigastrium being the highest point, the diaphragm was neither embarrassed from pressure above nor from below. To produce respiration, the operator knelt astride the patient's hips, and rested the ball of each thumb upon the corresponding costo-xiphoid ligaments, the fingers falling naturally into the lower intercostal spaces. Resting his elbows against his sides, and using his knees as a pivot, the operator threw the whole weight of his body slowly and steadily forward until his mouth nearly touched the mouth of the patient, and while one might slowly count one, two, three; then suddenly, by a final push, he sprang back to his first position on his knees; remain there while one might slowly count one, two; then repeat, and so on, about eight or ten times a minute. The resiliency of the ribs insured an instant rebound to the point of departure. The operation was not fatiguing, the force employed being the weight of the operator, who remained in an easy position, with alternations of complete rest. It could be practiced by anybody, anywhere, before or after division of the funis; in a bath, bed, or boat; and friction, electricity, insufflation or tracheotomy could be practiced simultaneously, without inconvenience.—*Medical and Surgical Reporter.*

ABSTRACTS AND EXTRACTS.

Mumps.—Communications concerning epidemic parotitis or mumps. have lately appeared in the Arch. f. Klin. Chirurgie xx, 3, p. 600, by Dr. M. Fehr, and by Chauvin and Juloux in the Rec. de Mém. de Méd. etc., Milit. 3, Sér. xxxii, p. 473—478, from which the following extracts are made:

After enumerating the epidemics of any extent which have appeared in the past century, Fehr takes up the relation between mumps and the acute exanthemata. Harless (1799), and after him Warnekross, Kopp and Horst saw mumps break out immediately after epidemics of scarlet fevers. In several cases of mumps there was even desquamation of the epidermis over the body and dropsical swellings. In several epidemics it was observed that the scarlet fever

epidemic subsided on the appearance of parotitis. It was observed also that just those individuals were attacked with mumps, who had been spared by scarlatina.

The immediate precedence or simultaneous occurrence of measles has likewise been received by Collin, Liverani, Wittke; of small pox, by Laghius and roseola by Rilliet; while the great mumps epidemic of Erlangen (1799) was followed by variola in very dangerous form; and in 1867 parotitis, small-pox and measles were all epidemic at once in Constantinople.

The mumps epidemic at Heidelberg, observed by Fehr, was attended and followed by scarlet fever, and three of his mumps patients were attacked during the disease with an eruption like rötheln (German measles).

That there is therefore, according to Fehr, a certain connexion between these diseases, can not be doubted any more than that the epidemic eruption of parotitis is due to a specific infection.

This view of specificity is strikingly proven by an observation of Rilliet where a girl went from a region entirely free from mumps, on a visit to a relative attacked with it; in eight days later she was attacked herself, and in two weeks communicated it to her brother. But that the infection of mumps, as König maintains, is like erysipelas, communicable to the salivary ducts where it produces catarrh and thence passed into the blood, is refuted by the observation that up to this time no affection of the mouth has ever been seen to precede mumps.

The implication of the different glands is in general very variable, while it is the parotid and sub-maxillary glands which suffer most and the tonsils and sublingual glands more rarely, still in some cases all the cervical glands are also affected and in other epidemics, as in that mentioned by Pranck, the submaxillary glands may alone suffer. It is justifiable, therefore, to regard mumps as an infectious disease in close relation to the acute exanthemata, mumps being especially characterized by acute swelling of the salivary glands, to which in all severe cases is associated an infiltration of the surrounding tissues. Occasionally there supervenes also a more or less painful swelling of the sexual glands. This complication usually develops when the swelling of the salivary glands is in process of subsidence. The organs that suffer are the testicle, more rarely the epidydimus, the prostate, the ovary, breasts and also the labia majora. Sometimes these organs are affected before the salivary glands, and sometimes

they alone are affected, facts which sufficiently refute the idea of any metastasis. In several cases the volume of the testis diminishes after the swelling.

Fehr gives the particulars of the disease in his own person. He remarked that the point of departure in the swelling was not from the surrounding cell tissue, but was from the gland tissue itself. In bad cases suppuration may ensue in the surrounding tissue; this accident more frequently happens in elderly people. In ordinary cases the disease consists of a fluxionary hyperæmia of the gland without the peculiar character of an inflammation. To prove that mumps is a disease characterized by a specific alteration of the blood, Fehr mentions the fact that a febrile movement precedes the local manifestations by 2—8 days; also the case cited by Homans, of a woman who was attacked with mumps during labor, and whose child was likewise attacked on the day after its birth. But as the period of incubation of the disease is at least a number of days, the infection must have been effected through the mother's blood. "The mumps," says Fehr, "belongs in its whole being not to surgery, but to internal medicine, and must be included, as Lebert has shown, among the acute exanthematous diseases."

The report of Chauvin concerns an epidemic of mumps among soldiers, in which the complication with orchitis is of especial interest. Of 45 patients 15 were attacked towards the end, and one patient had the testicle and epidydimus affected without any implication of the parotis at all. In six of these cases atrophy of the testis followed. In regard to the etiology, Chauvin believes in unfavorable hygienic and telluric influences. He does not believe in contagion or any transmission of the disease.

On the other hand Juloux proves contagion by showing that the disease always attacks members of the same company or barracks, in numbers at a time. He has also devoted especial attention to the complications on the part of the sexual organs. He found that of 35 cases, 14 were attacked with consecutive orchitis and that in all of these cases a noticeable atrophy of the organ ensued, an atrophy which became more and more pronounced with the lapse of time after the primary affection.—*Cincinnati Lancet and Observer, from Schmidt's Jahrb.*, 1877, No. 4.

THE RELATION OF THE SEXUAL LIFE TO ACNE ON THE FACE.

Mr. Jonathan Hutchinson says, in a recent lecture respecting the acne of the young, there is a very widespread opinion that it is usually the result of sexual disturbance. I have no doubt that this belief is well founded to some extent, but we must beware of exaggerating it. The eruption is chiefly met with in young celibates, whilst it is very rare under the age of puberty, and is often benefitted by marriage. It is possible, however, that its comparative rarity in the married may, after all, be a coincidence and not a sequence, and that we ought to consider it not so much a disease peculiar to celibacy as to the special age at which a large majority of the population are celibates. It may certainly occur before puberty. I have seen it not very infrequently in children, and once in a very marked form in the face of an infant of six months. It is also frequent in married persons of both sexes, and sometimes originates after marriage. I have known it occur in ladies who were bearing children, and in whom the sexual functions appeared to be in perfect activity.

Making full allowance for a considerable number of acne cases in which there appears to be no sexual cause, there are yet, I think, good grounds for accepting the general belief that in a majority of instances such is the fact. The remarkable influence which the sexual functions exercise upon the general health and upon the state of the nervous system is among the secrets known unto all men. That they should have the power of making the sebaceous glands of the skin enlarge and suppurate is certainly, if thought about, one of the most strange. I suspect that, when it occurs, it is brought about through the agency of the nervous system rather than of the blood. Women who are not liable to acne at other times sometimes have a few spots appear at each menstrual period, and that whilst in excellent general health. I have been assured by gentlemen liable to nocturnal emissions that they invariably had an increase of acne spots after such occurrences, and sometimes so immediately, that it was impossible to believe that any material change in the blood had occurred. In other cases sexual intercourse may produce the same result.

It is certainly not in cases of extreme sexual exhaustion that acne is most common. I have seen many such patients, both with and without spermatorrhœa, who had not a spot of acne, but, on the contrary, had skins which were perfectly smooth—in some instances

florid, in others very pale. It is, perhaps, rather a condition of sexual irritability than of exhaustion which produces acne. I do not think that the severity of the acne eruption bears any relation to the degree of sexual disturbance. In the worst cases that I have seen the patients often seemed to be in good health.

To dismiss the subject, we may remark that the prescriber ought, in respect to the acne of celibates, to bear in mind the possibility of a sexual cause. He will advise the adoption of measures likely to improve the general vigor, he will caution against any possible causes of debility, and he may, in some instances, suggest matrimony as the remedy most likely to prove successful.

THERAPEUTIC USES OF PILOCARPIN.—From some comparative trials which he has made with the internal administration of pilocarpin, Dr. Curschmann believes that the infrequency with which it causes vomiting, as compared with jaborandi, is principally due to its being used hypodermically, and thereby avoiding direct irritation of the stomach. Some persons, especially those who have been weakened by prior disease, complain of a sense of debility, but this usually soon passes off; but in others a complete state of collapse is produced, which may or may not be connected with prior vomiting. The possibility of this occurrence must always be borne in mind. It is dependent upon the amount of the dose and the susceptibility of the individual. It is oftenest met with in women and in those whose strength has been greatly reduced; and when the patient's constitution is not known, the first dose of the medicine should not exceed 0.02, while its effect should be watched for a quarter or half an hour. As far as the trials have gone, pilocarpin does not seem to act dangerously on the subjects of heart disease, and, indeed, can be employed when no other diaphoretic procedure for so long a period would be ventured upon. Indeed, as a therapeutical agent for the production of diaphoresis, it is superior to any other method in use, being more easily employed, while its action is more certain and more complete, without being more, or even so, dangerous as most of these. Its superiority over the various sweating-baths in ascites, hydrothorax, asthma, etc., is most marked. It is true that diaphoretic treatment is thought less of than formerly; but in several cases the difficulty of its application, rather than its inefficacy, is the cause of its not being resorted to. Speaking from his own experience, Dr. Curschmann has

found the pilocarpin very useful in œdema, in dropsy of the cavities from heart or lung disease, and in chronic nephritis, etc., and that after diuretic, drastic, and other means have failed. He believes that a large field for its employment may be found in pleurisy accompanied by serous exudation, both in promoting the absorption of this, and in preventing its re-accumulation after paracentesis. It is evidently indicated in chronic rheumatic affections, at least, so far as these are amenable to diaphoretic treatment.—*Medical and Surgical Reporter*, of October 6th.

BILIOUS ATTACKS.—Dr. Fothergill (in *Medical Times*) says of the treatment of bilious attacks to which dark-complexioned persons of the biliary diathesis are most subject: Rarely do persons of other diathesis and fair persons suffer from those disturbances which may fairly be said to be connected with the presence of bile acids in excess; while as to those forms of biliary disturbance where the urine is laden with lithates, the condition Dr. Murchison calls lithæmia, persons of other diathesis seem equally liable to them, and they are found in fair and dark people alike. For those bilious attacks, then, which occur chiefly in those of the bilious diathesis nothing is so good as alkaline saline purgatives taken in some vegetable infusion immediately on getting out of bed in the morning. This should be washed down with some warm fluid which excites the peristaltic action of the bowels, and, if necessary, a vegetable laxative pill should be taken the night before. After a couple of liquid motions—the more copious the better—the bilious person feels pretty equal to the day's work before him. Rochelle salts with a little sulphate of magnesium in infusion of buchu forms a most excellent morning purge, in my experience. Sir Joseph Fayrer has found in his Indian experience sulphate of magnesium, with quinine or gentian, sufficient to produce two or three loose motions, an efficient measure in biliary congestion.—*Southern Med. Record.*

EDITORIAL.

SECOND VOLUME.—With this issue the MARYLAND MEDICAL JOURNAL enters upon its second volume. Started under circumstances not the most favorable, considering the repeated failures of such enterprises in Baltimore, and with not a few misgivings, on the part of its friends, as to its ultimate success, it has been received and encouraged by the profession in a way that leaves no doubt of its future.

Only asking support commensurate with its merit, we are constrained to believe, from the favorable reception it has had, that the profession place a flattering estimate on it and we are proud to say, that, despite the severe trials to which all new enterprises are subject, its career has been one continuous round of successes and we are now safe in promising that it will long remain one of the permanent institutions of Baltimore and, we trust, a credit to the honored profession, everywhere, of which it aims to be a true exponent.

With a grateful sense of the obligations we owe those who have encouraged our efforts to serve the profession, and with a firm purpose to merit a continuance of their good wishes and support, we enter upon the work of our second volume with renewed hopes and aspirations, and may be permitted to express the wish that the pleasant relations heretofore existing between ourselves and our generous patrons may ever continue.

A NEW JOURNAL UNDER AN OLD NAME.—We have received the prospectus of the new North Carolina *Medical Journal* which is to be revived on January 1st, 1878, by Drs. M. J. De Rossett, and T. F. Wood, of Wilmington.

The career of the old journal, under the above name, is well known to medical readers and its reëstablishment, at this time, will be hailed with pleasure.

The present editors need no introduction to the medical world. They are well known for their energy, zeal and professional attainments.

We shall gladly welcome this new candidate for favor, and we trust the editors and their *Journal* may have a long career of success and usefulness.

AVOID MISTAKES.—Not all the mistakes in the dispensing and administration of medicines are committed by the uneducated and unlicensed; physicians, and, more frequently pharmaceutists, commit errors which, with a little thoughtful care, might be avoided.

With a view to self-protection physicians generally discard English entirely in writing prescriptions while some, we regret to say, do it as a means of mistifying the uninitiated. With the first it is no protection as druggists refill any prescription on the application of the patient or any one else giving its number, while with the second the abbreviation or misuse of medical terms frequently leads to serious mistakes.

For patients and physicians the safest plan would be to use plain English throughout, (except in terms for which there is no English equivalent), and *never abbreviate* any word or term.

A case was recently reported of a pharmaceutist's putting up corrosive sublimate for chloral hydrate, the prescription calling for *hyd. chlor.* This is only one of many mistakes that might be avoided by writing out the words *in full*, either in English or its technical equivalent as the prescriber deems best.

NEW MEDICAL SCHOOL.—Drs. T. W. Harris and W. P. Mallett will soon organize a medical school in connection with the University of North Carolina, at Chapel Hill. In the better days of the University, prior to the war, there was such a school at Chapel Hill as is now proposed to be organized there. The gentlemen having this enterprise in hand are physicians and teachers of acknowledged reputation and an admirable opportunity will thus be afforded students who are seeking an education at the University with a view of engaging in the practice of medicine. Drs. Harris and Mallet have our best wishes for their success in their laudable work.

WE again invite the attention of our subscribers and other readers to our advertisements, new and old.

We insert no advertisement of a questionable character, and do not seek the patronage of any but the most reliable houses, hence we can safely recommend all whose advertisements appear in the JOURNAL. Physicians or others dealing with any house represented in our columns can rely on just and fair dealing.

HYMENEAL.—On Tuesday, October 16th, Dr. T. A. Ashby, Resident Physician at the Baltimore Infirmary and one of the Editors of this Journal, was united in the holy bonds of wedlock to Miss Minnie Cunningham of Covington Ky.

Dr. A. B. ARNOLD, Professor of Diseases of the Nervous System and Clinical Medicine, delivered the lecture introductory to the regular Winter course of lectures, in the College of Physicians and Surgeons, on the evening of the first of October.

CAMPHENYL, a new product of coal tar, is recommended in all diseases which are connected with or are dependent on the presence of microscopic plants or animals.

DR. W. E. A. AIKIN, Professor of Chemistry, delivered the first of the regular Winter course of lectures in the University of Maryland School of Medicine, on the first day of October.

THE TENTH ANNUAL MEETING of the Canada Medical Association was held in Montreal on the 12th of September, Dr. Hingston, president, in the Chair.

THE MARYLAND MEDICAL JOURNAL is on file and for sale at the office of the Baltimore News Company, Corner of South and Baltimore Streets, where back numbers can be obtained.

SUBSCRIBERS will confer a favor by promptly notifying us of any failure to receive the JOURNAL.

THE BI-WEEKLY has a few pertinent reflections on the advertising agency nuisance in which we heartily join.

THE attendance at both the medical schools, in this city, is large, the attendants representing a majority of states in the union.

THE regular winter course of lectures in the Baltimore College of Dental Surgery began on the 15th of October.

The Virginia State Medical Society met in Petersburg on the 23rd. ultimo. We hope to present a report of its transactions in the December number of the Journal.

The Clinical Society and Baltimore Medical Association, of this city, began their regular meetings, for the winter season, on the first of October.

BRIEFS.

Decided Doses in Neuralgia.—There is a prevailing and not a sound tendency to give medicine too timidly. Surgeon General Francis, of the British Army, remarks, in a recent article, that in neuralgia, for example, we are frequently told that everything has been unavailingly tried, and that the sufferer, tired out at last, has decided on going abroad. On inquiring into the extent to which the antiperiodic remedies—notably quinine and arsenic—have been pushed, it will be generally found that the doses were considerably less than he has been in the habit of prescribing with almost unvarying success. During a residence of several years in India he has frequently given, in suitable cases, from ten to twenty, and even thirty, grains of quinine; and where this has been ineffectual, from twenty to thirty minims of Fowler's solution of arsenic have succeeded in starving off the attack. The habit once broken through, smaller quantities of either drug will be sufficient, but the remedy must be continued for a few days. In some instances quinine and Fowler's solution together (from six to ten grains of the former and ten to fifteen minims of the latter), will produce the desired effect, which neither would have produced singly.—*Medical and Surgical Reporter.*

Disinfectants.—Professor Hartshorne, in his lectures on hygiene, divided disinfectants into—I. Absorbents; *e. g.*, dry earth, lime, and charcoal. II. Antiseptics; sulphurous and nitrous gases, chloride of calcium, zinc, iron, chloralum, bromo-chloralum, sulphate of iron, and carbolic acid, III. Decomposing agents; for sulphurated hydrogen, salts of lead (nitrate); for dead organic matter, chlorine, bromine, and permanganate of potash. IV. Destroyers (?) of contagion and disease germs; carbolic acid, salicylic acid, heat, and cold.

The Vegetable Origin of Malaria.—Dr. Salisbury, of Ohio (*Medical and Surgical Reporter*), some years ago claimed to have discovered the microscopic vegetation which produces malarial disease. Recently, two Italian physicians, Signori Lanzi and Terrigi (*Monthly Microscopic Journal*), have discovered minute dark granules belonging to Cohn's group of pigmented sphæro-bacteria within the endochrome of algæ, which increase in number with decay of the latter. These granules yield on cultivation the Monilia peniciliata of Fries, and are indentical with the pigment granules of the liver, spleen, and blood of those who have suffered from malarial diseases. Lanzi has even obtained a Zoogloœa by cultivation of these granules from a human liver. On the evaporation of the marshy pools of the campagna in summer, great sheets of decomposing algæ are exposed to the air, the sphæro-bacteria abound, and are found floating in vast numbers in the atmosphere, to the height of fifty centimetres above the level of the marsh.—*American Medical Bi-Weekly.*

Chinese Opium Smoking.—The Chinese Goverment has passed a permissive edict calling upon the governors of the various provinces to suppress the indulgence of opium smoking. A prolonged notice of three years from the present date is given before the edict comes into force. It remains to be seen how far an edict of the Goverment is capable of supressing a vice so deeply rooted in the Chinese nation as that of opium smoking,

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Cause of Disease.—Sir Henry Thompson says: "I have visited rich and poor, high and low, all my life, and I solemnly declare that the great bulk of the disease with which I have had to deal arose from the drinking of intoxicating liquor. I do not mean what people call drunkenness, but the regular, steady customs in which most of us indulge every day of our lives."

Esmarch on Cancer.—In a recent lecture on cancer, Prof. Esmarch said that he had frequently seen cancer originate upon a syphilitic basis, and often where the syphilis had been latent for a long period. He advised that cancers and malignant growths, wherever occurring, should be treated by arsenic and iodide of potassium internally and externally, before proceeding to an operation.

Deplorable Fatality Among Children.—Our exchanges for several weeks past and from many different sections of the State have contained saddening accounts of the ravages of diptheria in towns, counties and neighborhoods. This scourge has prevailed with devastating effect along the line of the North Carolina Railroad. We published, yesterday, from the Greensboro' *New North State*, a statement of the fatality attending it at Company Shops, accompanied by the further statement that the little ones of the village have been seized with a terrible fear and seem to regard themselves doomed to death. A passenger who arrived in this city yesterday on the North Carolina train, was told by a citizen of Thomasville as the train passed that point, that four children in that place died, Friday, of diptheria. On that day there were six deaths in the village, two persons having died of consumption. This is sad intelligence indeed, and we can well imagine that there is a state of feeling in Thomasville amounting almost to a panic.—*Charlotte (N. C.) Observer.*

Deaths from Chloroform.—In the *Cincinnati Medical News* for August Dr. S. P. Cutter, of Memphis. Tenn., gives the details of the death of Dr. ourdan, who died while having an eye extirpated under the influence of chloroform.

The *Toledo Medical and Surgical Journal*, August, 1877, reports a death from chloroform in the Homœopathic Hospital of Toledo. The subject was a boy, aged 12, who was undergoing an operation for talipes.

Two deaths are reported in England, recently, from the administration of chloroform—one at the London Hospital and one at the Royal Opthalmic Hospital, Moorfields.

The *British Medical Journal*, Aug. 18th, 1877, reports a case of "death from chloroform averted by the inhalation of Nitrite of Amyl."

Ovarian Tumor in a Child.—A case of ovarian tumor in a child twelve years of age, is reported by Dr. McGraw of Detroit, in the *Toledo Journal*, (July No.) The tumor was of rapid growth; the child was undeveloped sexually, and had never menstruated. She was tapped and three gallons of bloody serum removed, containing some red blood corpuscles, but none of the usual granular corpuscles, The fluid rapidly reäccumulated, and at the end of four weeks ovariotomy was performed. The patient made a good recovery.

Infant Mortality in Norway.—The mortality of new-born infants in Norway is, on an average, 11 per cent., while everywhere else it has been 15 to 20 per cent.; and it has always been less for female than for male infants. The small mortality is claimed to be due to the fact that the women in all classes of society always suckle their infants during the first year, and very often much longer.

Hyoscyamin in Insanity.—The use of this remedy in the treatment of the insane has been tried by Dr. DeWitt, Medical Superintendent of the Longview Asylum, Ohio, who speaks very highly of its value. He contrasts it with chloral and opium, and says that it has, in addition to the hypnotic effect, a curative action. It appears to be especially indicated in recurrent mania and melancholia with depression. He gives it in doses of one grain of the alkaloid.

Artificial Eyes.—Between 8,000 and 10,000 artificial eyes are sold annually in the United States. The average cost of an eye is $10, and the color for an eye most in demand is what is known as "Irish blue." Christian Hohn, a New York German, makes glass eyes for horses that will defy detection by all except accomplished experts.

Specimen-Copy Men.—The medical journals are waging war on those petty buccaneers or thieves, the specimen-copy men. These send postal-cards (not even a stamp furnished) to all medical editors asking for a "specimen copy of your valuable journal, with a view to subscribing," and thus get their medical reading matter by filching it. What shall be done with them? What do the subscribers say? Shall their names and addresses be published?—*Bi-Weekly.*

Novel Modes of Treatment for Worms.—A correspondent of the *Bi-Weekly* writes that a doctor in Arkansas uses the following treatment for worms:

"For small worms, give three doses of laudanum an hour apart; by this time the worms are asleep; then give a dose of oil and shoot them off while they are asleep."

"For tape-worms, starve the patient three days, and then bake a nice pie and let the patient smell it, when the worm will come up to get it; then catch him."

THE CLIMATE OF SOUTHERN CALIFORNIA.—According to a correspondent of the *Boston Medical and Surgical Journal* (Sept. 13, 1877), Southern California, and particularly the Ojai Valley, offers to invalids the following advantages: 1, mildness of temperature; 2, equability of climate; 3, dryness of atmosphere; 4, sheltered situation; 5, freedom from malarious diseases; and 6, plenty to amuse and interest visitors.

YELLOW FEVER still prevails to an alarming extent at Fernandina, Florida, and at Port Royal, S. C. Most of the population at the former place have suffered. There is great distress for the want of nurses, provisions, and money; as usual physicians from neighboring cities have volunteered their services, and there has been scarcely any suffering from the want of medical attendance.

DEATHS FROM ANÆSTHETICS.—Deaths from anæsthetics continue to be reported with alarming frequency in England. Two occurred in one week in London, one under chloroform, the other under a mixture of chloroform and ether. Fatty degeneration was found in both instances, at the post-mortems

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DR. GRIFFITH recommends the following application to the ulcerations in the severe and very painful sore-throat of scarlatina: chloral, five grains; glycerine, twenty-five grains. After this has been applied with a brush the pain is much diminished, and the patient can swallow medicine or food without the severe pain which the action caused before.—*New York Med. Jour.*

HOW TO DEPRIVE IODINE OF ITS STAIN (*Ex. Am. Jl. Med. Sciences*).—Add a few drops of carbolic acid to the tincture and it will not stain; moreover, the tincture is more efficacious, and its action more certain. M. Boggs recommends the following formula for use in injections: Alcoholic tincture of iodine, 3 grammes; carbolic acid, 6 drops; glycerine, 30 grammes; distilled water, 150 grammes.

THE Canadian Journal of Medical Science, for August, says, it is reported that a Medical School is to be started in Ottawa.

BRITISH MEDICAL ASSOCIATION.—The 45th annual meeting of the British Medical Association was held in Manchester, commencing on the 7th of August. Dr. M. A. E. Wilkinson was appointed President for the ensuing year. Dr. W. Roberts, of Manchester, delivered the address on Medicine; Spencer Wells the address on Surgery; and Dr. Priestly of London, the address on Obstetrics.

A PULSE OF TEN BEATS PER MINUTE is reported in the Paris *Gaz. Medicale*. The case was pernicious algid fever. After several hours at the stated rate, it rose to twenty-five, and continued from twenty to twenty-eight for three days. The patient died.

IN THE *Revue de Therapeutique Medico-Chirurgicale* mention is made of a death having occurred from attempts to dilate a narrowed os uteri by means of sponge tents. Peritoneal effusion, and an abscess containing an ounce and a-half of pus beside the neck of the uterus, were found *post-mortem*.

MARY SMITH, a graduate of Mount Holyoke Seminary, and who has been for over two years studying medicine at Zurich, Switzerland, is visiting her home at Westfield, Mass. She returns next month, to complete her course, and will then begin to practice in this country. Thus, little by little, the Smith family are being turned to a good account.

THE HOTEL DIEU, PARIS.—The new Hotel Dieu was officially opened on the 11th of August by Marshal MacMahon. It appears to have cost forty millions of francs and contains only 400 beds.

TRAUMATIC TETANUS.—Dr. G. A. Evans reports (*Trans. Med. Soc. County of Kings*, September, 1877) a case in which nitrite of amyl seemed to do harm, but in which recovery followed the bold administration of cannabis indica.

CREMATION seems to be progressing in Switzerland. The government of the canton of Zurich has just authorized the process, which is, of course, to be optional, and subject to certain restrictions.

DR. SAML. A. MUDD, the physician who attended Wilkes Booth and set his leg after Lincoln's assassination, and afterward was sentenced to the Dry Tortugas, and pardoned by President Johnson, has been nominated to the legislature by the Democrats of Charles county, in this State.

MR. SIMON (*Chicago Medical Journal and Examiner*) states that he instantaneously cured a case of hiccough which had lasted twenty-six hours by the inhalation of three drops of nitrite of amyl.

SURGEON-IN-ORDINARY TO THE QUEEN IN SCOTLAND.—This position, which was vacated by Mr. Lister's removal to London, has been conferred upon Prof. George Macleod, of Glasgow.

IN his report on the Pathological Institute of the Charité Hospital in Berlin, Professor Virchow states that 2,736 post-mortem examinations were made there in 1875.

THE last number of "Silliman's Journal" contains an article "on the crystalline form of the hydrous and anhydrous varieties of ethylidenargentamine-ethylidenammonium nitrate."

THE British Parliament appropriates $10,000 a year to scientific investigations into the causes and processes of disease.

DR. FULTON, Editor of the *Canada Lancet*, has been elected to the Senate of Toronto University, as the Trinity School representative.

THE Senate of the London University has resolved to admit women to degrees in medicine.

BOOKS & PAMPHLETS.

THE EAR: ITS ANATOMY, PHYSIOLOGY, AND DISEASES.—A PRACTICAL TREATISE FOR THE USE OF MEDICAL STUDENTS AND PRACTITIONERS. By Charles H. Burnett, A. M., M. D., Aural Surgeon to the Presbyterian Hospital; Surgeon in charge of the Infirmary for Diseases of the Ear, Philadelphia. Published by Henry C. Lea, Philadelphia, 1877. For sale by Cushing & Bailey, 262 W. Baltimore Street, Baltimore, Md.

The medical student and general practitioner have long felt the need of a book of this character on an organ so little understood and yet so important as the Ear. The author has presented in the volume clearly but concisely the great advances which have been made of late years in otology and has indicated the direction in which further researches can be most profitably carried on.

The work is divided into two parts. In part I the anatomy and physiology of the Ear are minutely, yet explicitly, detailed in a manner not to be found in any of the ordinary text books. In part II the diseases and treatment of the Ear are fully and practically presented. To the medical student and general practitioner, this work is indispensable, and will not be found void of interest to the specialist. The entire volume is handsomely illustrated and printed in the attractive style so characteristic of the Publishing House of Henry C. Lea.

TRANSACTIONS OF THE KENTUCKY STATE MEDICAL SOCIETY.—TWENTY-SECOND ANNUAL CONVENTION; held at Louisville, Ky., April 3, 4, and 5, 1877. Louisville: Printed by John P. Morton & Co., 156 W. Main Street, 1877.

The Transactions of the Kentucky Medical Society for 1877, come to us in an elegant and attractive volume, reflecting great credit upon the industries and talent of the Profession in that state. It contains a number of valuble papers by distinguished medical men throughout the state, the literary merits of which are far above the average. Judging from this volume we should say that this state society indicates a degree of healthfulness most creditable and encouraging. The volume is beautifully printed, a model style for similar publications.

PHYSICIAN'S CASE-RECORD LEDGER. Cincinnati; Robert Clarke & Co., Publishers—1877.

A convenient and handy book in which physicians may with ease and facility keep their accounts accurately and with little loss of time. It is so simply arranged as to be readily comprehended and understood. An admirable part of it is a Nosological Index by which the physician can readily refer to any case treated.

POCKET CASE-RECORD AND PRESCRIPTION BLANK BOOK. Cincinnati; Robert Clarke & Co., Publishers—1877.

This is at the same time a packet of prescription paper, a note book with appropiate headings for recording cases, and a complete visiting list, of convenent size and simple arrangement.

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ORIGINAL PAPERS.

UREA, AND ITS EASY ESTIMATION.

BY D. I. MCKEW, M. D., OF BALTIMORE.

(*Read before the Academy of Medicine, October* 16, 1877.)

Urea has not ceased, since its discovery in 1772 by Rouelle the younger, to attract the attention of physiologists and pathologists. Its formula indicates a very large proportion (seven-fifteenths) of nitrogen as entering into its composition; and it constitutes in fact the chief form in which the nitrogen of waste is eliminated from our bodies; thus furnishing us according to Flint, with a "measure of nutritive force and physiological waste." Although we have to consider it only as found in the urine, it may be recovered from the lymph, chyle and blood as well as from the sweat. Bartels mentions cases in which the compensating excretion by the skin was so great that the whole face and beard of the patients were frosted with crystals of urea.

The amount of urea daily thrown off by the kidneys is peculiar to each individual, and varies with the many changes of life. It is also increased by nitrogenous food, by exercise and by copious potations of watery fluid, as well as by alkalies and common salt. Alcohol, thein and caffein lessen its production. The question of the influence of muscular action upon the formation of urea has been recently investigated, in the person of the pedestrian Weston, by both Dr. Flint of this country and Dr. Pavy of England. The conclusions reached by these two observers are directly opposed to each other. Dr. Flint deduces, from his ex-

periments upon Weston, that "during the walk the nitrogen was in direct proportion to the amount of exercise; and, what was still more striking, the excess of nitrogen eliminated over the food taken almost exactly corresponded with a calculation of the nitrogen of the muscular tissue wasted, as estimated from the loss of weight of the body;" and that "it is impossible to come to any other conclusion than that excessive and prolonged muscular exertion increases enormously the excretion of nitrogen, and that the excess of nitrogen discharged is due to an increased disassimilation of the muscular substance."

These deductions are strongly oppposed by Pavy, who also availed himself of Weston's walks to study this question. He points out important errors in Flint's experiments, such as the estimation of the nitrogen in the feces as part of the excreted nitrogen of tissue metamorphosis, while the patient was taking large amounts of nitrogenous food; and also calls attention to the fact that the increase of urea found by Flint was in reality, not absolute, but only relative, and that this excess was caused principally by the diminution of the ingested nitrogen during the five days walk of Weston. Thus:

	Nitrogen ingested. GRAINS.	N. in Urine. GRAINS.	N. in Urine and Feces GRAINS.
5 days before walk,	339.46	293.18	315.09
5 " of "	234.76	337.01	361.52
5 " after "	440.93	339.17	373.15

It will be seen that the *absolute* variation in the urea during the walk was by no means such as to justify Flint in the use of the epithet "enormous". Pavy concludes from his researches that, although the elimination of urinary nitrogen is increased by muscular exercise, yet the increase is not nearly sufficient to give countenance to the proposition that the source of the power manifested in muscular action is due to the oxydation of muscular tissue. He also adds that the results show that nitrogenous matter is consumed in the system in larger quantity during exercise than during rest, and we may take it therefore that its supply should be made to coïncide. In fine, that the increased amount of urea formed during exercise is not due to muscular metamorphosis only, but to increased disintegration of nitrogenous matter

throughout the system at large. The influence of nitrogenized food in producing increased formation of urea can, it is reasonable to suppose, only be brought about after the vitalization of such pabulum and its subsequent death or degeneration either as molecule, globule or formed tissue. The elements of the blood are being continually renovated and each act of digestion is followed by the production of a new quantity of globules, particularly white ones, which are rapidly destroyed. This new formation is found to precede the increase of urea which occurs after digestion, and this increase lasts a little time after their disappearance; and to the destruction of these globules is probably due the elevation of the amount of urea excreted. During prolonged fasting the globules are formed at the expense of the tissues themselves and their destruction will explain the persistence of urea in the absence of nutrition.

Alluding to the difficulty of fixing a normal standard for urea, Bartels says: "We possess no measure of what the normal amount should be." He considers 0.8 per cent. as far from expressing the lowest possible minimum consistent with health; and has never found, even when fluids have been abstained from to a point of unendurable thirst, more than 6.10 per cent.

Franqué, quoted by Vogel, gives the following amounts as the daily excretion of a healthy man;

On animal food	51—92 grammes
" mixed food	36—38 "
" vegetable food	24—28 "
" non-nitrogenous food	16—— "

Robin estimates the average daily amount of urea at from 1.5 to 2.3 per cent. Lionel Beale states that a healthy man weighing about 140 pounds ought to excrete during the twenty-four hours nearly 500 grains of urea.

The share taken by the kidneys in the formation of urea has been variously estimated at different periods by writers on the subject; though at present it is generally conceded that the views of Bowman are correct, which restricted the function of the kidney to the simple separation from the blood of the elsewhere formed urea &c. The blood of the renal artery contains twice as

much urea as the blood of the renal vein; and the chyle and lymph have been found by Wurtz to contain even more than the blood.

While the kidneys are denied to be the source of urea formation, physiologists do not agree as to its actual place and mode of origin, whether its formation takes place throughout the system at large, as molecule after molecule of our tissues yields up its life, or whether there be some one organ more specially charged with the function of its formation. Some physiologists, as Hirtz, regard urea as an ultimate product of the oxydation of albuminoid matters, the scoria of animal combustion, and representing by its quantity the intensity of destruction. Robin and Bouchardat seem not to regard urea as a product of oxydation, but rather of a splitting up or "dédoublement" of the nitrogenous matters; yielding on the one hand inosite, cholesterine &c., and on the other hand substances rich in nitrogen, which, after successive steps of oxydation, are found as creatine, xanthine, sarcine, uric acid &c.

The fact that urea may be found in the liver has long been known; and the opinion seems to be gaining ground among physiologists that this gland is the principal source of urea formation. This belief has recently been reässerted by Dr Brouardel, who adduces many physiological facts in its support. Among other authorities on this subject, he quotes *Meissner* as entertaining the opinion that a "large portion of the albumen ingested, after having served as hœmoglobin is used up in the liver and separated into urea and non-azotized substances. *Gæthgens* states that "the production of sugar and of urea in diabetes result alike in the "dédoublement" of albuminoid matters, and that this relation exists not only in diabetes, but also in health. *Cyon* concludes, from the much greater quantity of urea found in the blood after its passage through the liver than before, that urea is formed in the liver. *Sigmund* in 1853 in demonstrating the influence of section of the pneumogastric, showed that the operation is followed by hyperœmia of the liver and an increase of from two to three grammes in the amount of urea secreted in twenty-four hours.

After relating many cases of diseased conditions of the hepatic structure and functions in which the amount of urea formed and secreted seems to bear a constant relation to the condition of the liver, and which are full of interest, Dr. Brouardel draws the following conclusions:

The researches of physiologists, Heynsius, Stokvis, Fuhrer, Ludwig, Meissner and Cyon tend to show that the formation of urea takes place in the liver.

The observations of pathologists show that under the influence of hepatic lesions the urea varies according to determinable laws.

In grave icterus urea diminishes and may disappear from the urine.

In the icterus due to phosphorus, occurring in man, or produced in animals, urea diminishes considerably, but after having undergone temporary increase after each ingestion of the poison.

In certain forms of pseudo-malignant icterus the variations of urea present at first the same characters as in malignant icterus (diminution, disappearance of urea, anuria); but the day on which a urinary crisis occurs, with considerable elimination of urea, announces convalescence. Frequently the volume of the liver from being retracted, increases at this period.

In simple jaundice the quantity of urea eliminated is not diminished. The urea may be considerable in amount in the beginning; but this increase does not last beyond the very commencement of the disease. The abundant secretion of urea permits favorable prognosis.

In suppurative hepatitis urea increases in the beginning, as announced by Parkes, (although verification of this is needed.) It is diminished when the abscess has destroyed a great portion of the liver, even though the lesion be accompanied by fever.

In biliary lithiasis causing obliteration of the choledoch duct and atrophy of the hepatic lobules, urea diminishes in quantity. This diminution seems more notable during the crisis of hepatic cholic and also, especially according to Regnard, in hepatic intermittent fever.

In atrophic or hypertrophic cirrhosis the quantity of urea eliminated is very small, even when the patient is taking nourishment freely.

In diseases of the heart, the development of cardiac liver brings, about considerable decrease in the secretion of urea. The variations of this amount, under the influence of rest and treatment, may serve to establish the prognosis of the disease..

In fatty degeneration of the liver occuring in phthisis and suppuration of bone, the urea excreted is marked by its small quantity.

In chronic affections of the liver (cancer, hydatid cysts,) destruction of a considerable portion of the hepatic substance causes a corresponding decrease in the amount of urea secreted.

In congestion of the liver the increased activity of the hepatic circulation is manifested in the quantity of urea eliminated.

In lead colic the liver retracts and the urea diminishes; as soon as the colic is past the liver returns to its normal size and the urea increases.

In temporary Glycosuria urea increases during the existence of this state, or at the moment of its disappearance. In diabetes the quantity of urea is sometimes greater than in any other disease. Does not so remarkable a resemblance in the variations of these two phenomena authorize the inquiry as to the community of their origin?

En résumé we believe we have established that in diseases of the liver the quantity of urea secreted and eliminated in twenty-four hours depends on two principal influences:

1. The integrity or alteration of the hepatic cells. 2. The greater or less activity of the hepatic circulation.

Hence results the deduction that, the kidneys being healthy, the quantity of urea eliminated by the urine may be used in the diagnosis and prognosis of diseases of the liver.

The failure of the kidneys to do their work of blood depuration, and the consequent retention and accumulation of urea have been long regarded as the source of those serious accidents classed under the head of uræmia. How far urea *alone* is to be looked upon as the noxa in these cases has not been definitely ascertained. Our imperfect knowledge of the intermediate steps in the metamorphosis of tissue and of the action on the economy of the products of these singly, together with the great difficulty

of their quantitative appreciation have hitherto very much embarrassed investigation. Cases of uræmic poisoning have been detailed in which no urea could be found in the blood; and very heavy saturation of the blood with urea is frequently unaccompanied by symptoms of poisoning. Owen Rees relates a case of long continued anuria in which he found more urea in the blood than he had ever known in the urine of Bright's disease. In this case the patient retained full possession of his faculties to the last. Behrends relates a case of absolute anuria lasting five days (122 hours) without the occurrence of uræmic symptoms. Most of us can recall instances in our own experience, especially after scarlet fever, where, with almost entire suppression of urine, there have been no uræmic accidents.

Notwithstanding these facts, the frequent recurrence of the same symptoms, in cases in which blood depuration is interfered with, will justify us in attributing the phenomena to the presence in the circulating fluid of *some noxious substance*, whether urea, or some one or other of the substances preceding it in the metamorphosis of tissue. The theory of Frerichs which attributes the symptoms of uræmia to carbonate of ammonia, formed in the blood from urea by some unknown, though suspected ferment, has fallen into disfavor; and that of Traube as to the influence of cerebral œdema is open to too many objections. Voit says with regard to the influence of urea "symptoms of disease originate whenever any substance, which does not belong to the composition of the economy, accumulates in any quantity within the body and is not eliminated from it. In suppression of the urinary excretion it is not one single element, like urea or uric acid, kreatin or kreatinin, the extractives or urochrom which does the harm; it is the mass together. Under similar circumstances some extraneous salt, like carbonate of ammonia or glauber's salt, etc. would produce the same symptoms."

In cases in which we have to fear the supervention of uræmic accidents we should however, consider it our duty to frequently examine the urine with a view to ascertaining its nitrogenous contents; and any very low percentage should awake our

anxiety and cause our best efforts to be directed to a relief of this condition. Unfortunately, in very many cases no warning is giving of the existence of this state of affairs, and blood poisoning, if at all suspected, is only then recognized when too late for remedy. I do not doubt that many cases of sudden death occurring in our midst, of persons who up to the fatal seizure were actively engaged in the various pursuits of life and freely enjoying its pleasures, are due to uræmia which an examination of the urine during life might have detected and possibly averted.

For the quantitative determination of urea in urine many methods have been proposed; the most popular and reliable of which was, until recently, the "Titrir" method of Liebig. This however, requires so much attention, occupies so much time, and demands such familiarity with chemical manipulation and procedures as to place it entirely out of use for the busy man of practice. The necessity for a simple, but equally reliable method having been recognized, very many modes were suggested from time to time, most of which however, were impractical, and none sufficiently simple for the needs of practitioners. Our offices are not adapted for the performance of nice operations in analysis; and accurate balances, hydrometric apparatus and the like paraphernalia are not comprised in our office furniture. For this reason the apparatus of Davy and its various modifications, as well as those of Bunsen, Millon, Boymond and Piffard have never come into general use. Nor do I think that the plan proposed by Dr. Fowler of New York, the apparatus for which I here exhibit, will be found convenient, requiring as it does, large quantities of urine, three determinations of specific gravity and considerable time. It is however, very accurate. The most simple, reliable, the most useful of all the plans hitherto proposed for the estimation of urea is that of Drs. Russel and West of London, which I will now show in operation.

The process is simply the decomposition of urea, by a solution of hypobromite of sodium, into carbonic acid, water and nitrogen.

This nitrogen is collected in a receiver graduated for the purpose, and showing at a glance the percentage of urea corresponding to the volume of the liberated nitrogen.

The whole operation can be performed in ten minutes and without any special knowledge of chemistry or its manipulative requirements. The only objection to the use of this plan is in the offensive and irritating character of the fumes of Bromine which is used in the formation of the decomposing solution. This may easily be avoided by having the mixture made by an apothecary. To those who would prefer to make it themselves I would suggest that it is best to make it in the open air: and that care should be taken not to inhale the vapor. By holding the bottle containing Bromine at a level below the face, its great specific gravity causes the vapor to fall away from the respiratory organs. The solution of caustic soda is also very injurious to paint and to all fabrics; and parts of the apparatus should not be laid when wet where the paint or covering of tables might be destroyed. For further information on this subject the *Journal of the Chemical Society*, for August, 1874, may be consulted. This simple mode of urea determination is wonderfully accurate. I had, in order to test its accuracy, some percentage solutions of urea made by a chemist, and in no case did the record of the apparatus vary one-tenth of one per cent. from the actual contents of the tested solutions. Higher proof yet of its value is furnished by the fact that Dr. Pavy used this plan to correct the results of Liebig's method in his studies on Weston.

Prof. Emerson Reynolds, of the University of Dublin, has recently yet further simplified the process. In a letter received recently from him he informs me that the process will be published in the Journal of the Royal Society of Dublin for this month with an illustrative woodcut. By the plan of Prof. Reynolds an ordinary minim measure is the only apparatus required, and if its accuracy should be equal to its simplicity this will certainly very soon supersede all other plans for the estimation of urea in urine. In all determinations of urea, it is necessary to take an average specimen of the whole amount of urine passed during the twenty-

four hours, as the urea contents of the urine vary very greatly both as to the period of the day when passed and the many other circumstances of our daily life. The urine passed on rising in the morning generally contains absolutely less urea than that excreted after exercise; and the amount of urea is rendered relatively lower by the larger amount of water in the urine secreted after large indulgence in aqueous fluids. It is also desirable that, when possible, one days urine should be compared with that of preceding and subsequent days in order to avoid sources of error. Let us hope that, since the estimation of the amount of urea has been made so easy as to be readily and without any trouble performed by the workmen of our profession,who are hourly brought into contact with the phenomena of disease in the human subject, more accurate and positive knowledge may be gained of the relations of this substance to disease than we could expect from the labors of chemists and physiologists in their laboratories, unaided by clinical observation.

REMARKS ON THE NATURE AND TREATMENT OF CONVERGENT STRABISMUS.

BY SAMUEL THEOBALD, M. D., SURGEON TO THE BALTIMORE CHARITY EYE AND EAR DISPENSARY; OPHTHALMIC AND AURAL SURGEON TO ST. VINCENT'S HOSPITAL, BALTIMORE.

(*Read before the Medical and Surgical Society of Baltimore, October 25th*, 1877.)

There are but few affections which come to the notice of medical or surgical practitioners, the nature, modes of origin, and proper treatment of which are more satisfactorily understood than are those of convergent strabismus; and yet, I think I may safely say, there are as few regarding which there exists so much misconception. Nor is this misconception, as might be supposed, wholly confined to the non-medical public. Indeed, it is occasionally encountered even in direction where we should least expect it, and where its existence would seem to be least excusable.

If I mistake not, I have yet to meet with a case of "cross eyes" in which an explanation of its origin was not, with entire confidence, vouchsafed by the patient himself or those in charge of him; yet I fail to recall more than one or two instances in which this explanation even approached the truth. A bonnet or hat worn in some unusual manner; a green shade which once on a time served to protect one eye during an attack of inflammation; a window, the light from which fell aslant the cradle of the patient when a baby; a problematical intestinal worm; a child with a like affection, from whom the patient caught the habit; these, and many others of similar import, are the explanations which are usually proffered with an astonishing amount of assurance, and which occasionally receive the endorsement of the family physician.

Again, in regard to the treatment, false notions are not less prevalent. One anxious parent feels herself justified in allowing her child to grow up with a disfiguring deformity, because, as she believes, the child was born so; another fears that the operation will injure the sight of the squinting eye; while a third has no fear for this eye, but concentrates all her anxiety upon the terrible risk to the other. A fourth has been assured that an operation will result in the squint flying to the other eye, or that both eyes are crossed and so nothing, of course, can be done; or, it may be, has been advised by the family practitioner, as I have known to be the case, to have nothing done, at present, as the child may quite likely out-grow it. For all such misconceptions there exists, in fact, very rarely the slightest foundation.

The origin of convergent strabismus is, as I have said, thoroughly well understood. In ninety-nine cases in a hundred *it is due to one of two causes*:—First, and in a far greater number of instances, to the existence of *hypermetrophia*; second, to *paralysis of one, or rarely of both, of the external recti muscles.* These two forms of convergent strabismus, differing in their modes of origin, differ also in their behavior and in the treatment which they require, and should be carefully distinguished the one from the other. In the first form, *which almost always makes its appearance in childhood*, the squint is slowly developed, an intermittent

squint, occurring usually during accommodation for near objects, preceding the fixed habit; the deformity may be said never to disappear of itself; and the treatment, the success of which, if completely under the surgeon's control, is assured, consists in the tenotomy of one, or both, of the internal recti muscles, together with, in certain cases, the wearing of suitable convex glasses. In the second form, *which may occur at any age*, the squint is developed, without the premonitory stage of intermission, in a few days, or perhaps even in a few hours;* the deformity may possibly disappear of its own accord, provided the paralysis upon which it depends is relieved; the treatment indicated is usually other than operative; and, where tenotomy is required, the attainment of a perfect result is not always so completely under our control.

How convergent strabismus is produced, as a result of paralysis of the external rectus muscle, is obvious: The internal rectus, no longer opposed by the action of the paralyzed muscle, rotates the eye inwards, and a convergent squint is the effect; just as paralysis of the portio dura of the seventh nerve, upon one side, is accompanied by a dragging of the mouth, ect., to the opposite side. The connection between this condition and hypermetropia is not quite so apparent, but may be readily made manifest.

Hypermetropia, as is well known, is that condition of the eye in which, owing usually to an abnormally short antero-posterior axis, parallel rays of light—that is those coming from distant objects—are brought to a focus by the refractive media of the eye, when the accommodation is at rest, at a point *behind* the retina, and not upon it as should be the case. This result being incompatible with distinct vision, the accommodative apparatus is

*Besides the history of the development of the squint, which will usually lead to a correct diagnosis as to its paralytic or hypermetropic origin, we may in almost every case readily discover the existence of paralysis, if it be present, by covering the non-squinting eye, and directing the patient, without turning his head, to regard with the other some object, such as a finger or pencil, held at first in front of it, and then slowly moved to the side of the supposed paralyzed muscle. If paralysis be present, the eye will be unable to follow the object in this direction, or, at most, will be able to do so in a very imperfect and uncertain manner; and at the same time the secondary squint in the unaffected eye will be excessive. Again, the squint will be found to increase in extent when an effort is made to turn the eyes in the direction of the paralyzed muscle, whereas it may entirely disappear when they are turned in the opposite direction.

unconsciously brought into play, in order, by increasing the power of the lens, to advance the focal point to the plane of the retina. In the hypermetropic eye, therefore, accommodation takes place not only in near vision, with convergent optic axes, as is the case in the emmetropic or normally shaped eye, but in distant vision as well, with the axes practically parallel.

Now there exists between accommodation and convergence —which always bear a fixed relation to each other in the emmetrope, accommodation never occurring without a proportionate degree of convergence, and vice versa—such an interdependence, that it is only by a tedious effort, and even then but to a limited extent, that they can be separately called into action. When, therefore, in hypermetropia, in order to render vision distinct, accommodation occurs in distant vision, without convergence, or in near vision, in excess of convergence, a wearisome effort is required; to escape which the hypermetrope is constantly tempted *to converge as much as he accommodates*, which means, for him, *to squint*. That this result does not happen much more frequently, is due to the fact, that, at first, each yielding to this disposition is accompanied by diplopia, or double vision, a condition so annoying, that to the many it proves a Charybdis more intolerable than the Scylla from which they would escape.

In illustration, let us suppose a case of hypermetropia of one-twelfth, by which we mean that, the accommodation being latent, a convex lens of 12″ focal length is required, in order that parallel rays may be brought to a focus upon the retina. Under such circumstances, distinctness in distant vision is only obtained by an exercise of accommodation equal to that which the emmetrope would require for vision at 12″. But, according to the law of association which I have described, a *convergence* for 12″ should accompany this effort of accommodation. If this be suppressed, accommodative asthenopia is the common result; if not, convergent strabismus is the alternative. In near vision the conditions are not changed for the better. The subject of hypermetropia of one-twelfth, wishing to see distinctly at a distance —say of 12″, as for instance in reading—must, while converging for 12″, exercise his accommodation to the same degree

that the emmetrope would at 6″; since, to the accommodation of one-twelfth required of the latter for vision at 12″, must be added the one-twelfth which has already been exercised in neutralizing the hypermetropia.

If, in order to escape the asthenopia, or to render the requisite degree of accommodation possible, parallelism between the latter and convergence be restored by a convergent squint, *the inward movement must of necessity be confined to but one eye;* since it is essential to the exercise of useful vision that one eye, at least, should be properly directed. *The popular notion that both eyes may be crossed is, therefore, entirely erroneous,* if we except those extremely rare cases in which paralysis of both external recti muscles has resulted, through the action of the opposing muscles, in an inward rotation of each eye; under which circumstances, this condition may be said to really exist.

This, however, may occur, and very fortunate it is for the patient if it do; *the squint may alternate,* that is to say, change from one eye to the other, either eye being used, indifferently, for vision. Judging from my own experience, however, this is a disposition very rarely met with.

I have mentioned the occurrence of *diplopia* in connection with the first yieldings to the temptation to squint, as the chief cause why hypermetropia is not more frequently accompanied by convergent strabismus. This effect, due to the image of objects viewed being formed, in the squinting eye, upon an eccentric portion of the retina, proves at first exceedingly annoying, for, besides the disturbance of vision to which it gives rise, it is frequently attended by giddiness and headache, as well. And so we soon find that an effort is made upon the part of the hypermetrope to escape these discomforts, *by an active suppression of the vision of the misdirected eye.* This, which is a cerebral process, is accomplished the more readily, since the image in this eye, because formed upon an eccentric portion of the retina, is less distinctly perceived than the one which, in the properly directed eye, is cast upon the macula lutea.

Now there follows in almost every instance, a most important result from this active negation of the retinal image of the squint-

ng eye; a result having a direct bearing upon the question of treatment: *The visual power of this eye soon becomes greatly impaired; a high degree of ambly-opia is developed, which is usually, if the squint be allowed to remain long uncorrected, irremediable.* Thus, it too often happens that the sight of one eye, so far as useful vision is concerned, is lost, as the result of convergent strabismus. Moreover, where, either through neglect or unwise counsel, this amblyopic condition has been allowed to supervene, the success of a tenotomy, which may be resorted to finally for the purpose merely of removing the unsightliness of the deformity, is, by no means, so assured; since we have no longer the important aid in obtaining a perfect result which is derived, where both eyes enjoy good vision, from the tendency they then exhibit to act in harmony, when once the proper direction of their axes is even approximately restored.

The lesson which these facts teach, and which it is the especial object of this paper to emphasize, is *the importance of early resorting to treatment for the correction of convergent strabismus.*

It has already been remarked, in describing the two methods in which convergent strabismus may originate,—as a result of paralysis of the external rectus muscle, and as a consequence of hypermetropia—that the treatment indicated will not be the same, in each instance. In the first form, constitutional treatment will usually be required, since the real cause of the squint is the paralysis of the external rectus muscle, supplied by the sixth nerve, and our primary efforts should be directed to the relief of this condition. In a majority of cases we will find that this, again, is dependent upon acquired syphilis; and, under such circumstances, mercury should be our chief reliance. From the administration of iodide of potassium, I have not been able to obtain anything like as satisfactory results, possibly because I have not given it in the very large doses in which it has been recommended. A solution of the biniodide of mercury in water, made by the addition of ten grains of the iodide of potassium to each grain of the biniodide, has, in my hands, proved so efficacious, and so manageable, that I seldom have occasion to resort to any of the other preparations of mercury, whether in the

treatment of this, or of other affections of the eye or ear of syphilitic origin. The dose of the biniodide is varied, according to the susceptibility of the patient and the object to be attained, from the one-fortyeighth of a grain to the one-eighth of a grain, rarely the latter, three or four times a day. By directing it to be taken *after meals*, I have found it less liable to disturb the bowels.

Besides syphilis, which may act in any one of several ways, as by producing neuritis, meningitis, periostitis, exostosis, etc., there are various other causes which may, less often, give rise to paralysis of the sixth nerve, and consequently to convergent strabismus; and which, according to their nature, will be found more or less amenable to treatment. Among these may be mentioned, inflammation of the nerve sheath or of the nerve itself of rheumatic origin. or simply the result of reflex action due to exposure to cold, etc. inflammatory affections of the brain or its meninges; extravasations of blood about the base of the brain; intra-cranial tumors, etc. Whichever of these conditions be present, the constitutional treatment will of course be guided by general principles. Counter irritation, by means of blisters applied behind the ears or to the back of the neck, will often be found useful, and in some cases electricity or galvanism is productive of unmistakably good results.

The prognosis in paralysis of the external rectus muscle is, on the whole, favorable; and in many cases the resulting squint will eventually be relieved, without the necessity of resorting to operative treatment arising. In other instances, however, the recovery is but partial; and the weakened muscle being unable to antagonize the action of its opponent, the internal rectus, the squint does not materially improve. Again, and less frequently, the paralysis remains complete in spite of judicious treatment. Under either of these conditions, operative interference becomes necessary. When the paralyzed muscle has already partially regained its power, a careful tenotomy of the internal rectus will often, by diminishing its strength and enabling the affected muscle to contract upon itself, thereby placing it in a more favorable state for recovery, result in a complete restoration of the normal

condition. When this treatment still leaves a residual squint, Mr. Brudenell Carter has recently suggested, as a substitute for the too often unsatisfactory operation of reädjustment of the paralyzed muscle, tenotamy of the internal rectus of the *opposite* eye; from which procedure he claims to have obtained very satisfactory results. We should not expect always to gain perfect harmony of movement between the eyes from this treatment, especially if the paralysis of the external rectus be complete; but I regard the method as more rational, and as calculated to give better results, than the operation of reädjustment.

In paralytic squint, it should be remarked, amblyopia of the squinting eye is less apt to occur than in the hypermetropic form. The reason is obvious: The squint is usually of high degree, and is, as I have stated, quickly developed. The diplopia, therefore, proves but slightly annoying, since the images are wide apart, and the one projected by the squinting eye relatively very feeble; and, as a consequence, the usual disposition to suppress the vision of this eye does not exist.

In the treatment of strabismus occurring *as a result of hypermetropia*, we have to deal with entirely different conditions. Here, as has been explained, the squint is due to the excessive accommodation required of the hypermetrope, and is the expression of an unconcious affort upon his part to restore the normal parallelism between this function and that of convergence.

In the use of convex glasses we have, as is well known, a means of reducing to the normal standard the accommodation of the hypermetropic eye. and, since we are thus enabled to do away with the cause of the squint, it would appear that we might in this way be able to correct the deformity itself. And, indeed, when this treatment is resorted to sufficiently early, it usually proves entirely efficacious. In order, however, to be successful, the wearing of convex glasses must be begun *before the strabismus has become confirmed*—that is during the premonitory stage, previously described, when the squint is intermittent in character, occurring only during accommodation for near objects. After the deformity has become fixed, we shall find this method entirely unreliable. Under each circumstance tenetomy, to be supplemented in some cases

by the use of convex glasses, is the only means of relief at our command. Where the squint is slight, a tenotomy of the internal rectus of the squinting eye will usually correct it. If it exceed 2‴ or 2½‴ in extent, however, it will be found necessary to divide the internal rectus of each eye. Where our object is to obtain as great an effect as possible from the tenotomy, the conjunctiva should be dissected up from over the tendon, and not only the latter but the neighboring connective tissue divided. On the other hand, we may greatly lessen the effect, by being careful to sever only the tendon itself, and to disturb as little as possible the connective tissue. The subconjunctival operation of Critchett is, I think, to be preferred to any other. In performing it, I am in the habit of using a pair of slender, blunt pointed, straight, scissors, and the crochet pointed strabismus hook,* which I devised several years since.

In all modern operation for strabismus, we are instructed to divide the *tendon* of the muscle *at the point of its attachment to the sclerotic*. Formerly this rule was not observed, but, on the contrary, the muscle itself was often severed at some distance from its sclerotic attachment. As a consequence of this, the posterior segment of the muscle retracted into the connective tissue sheath by which it is surrounded; union between the two parts was prevented; and, the function of the muscle being entirely destroyed, the eye, not unfrequently, to use a popular expression, "went the other way." In other words, a *convergent* squint was transformed into a *divergent* one—a bad matter was made worse, and the operation, as then performed, deservedly fell into disrepute. From the modern operation of tenotomy no such result should ever occur.

In conclusion, I may state, in answer to the objections which have been mentioned as being commonly urged against operations for strabismus, that *the operation is attended with absolutely no risk to the sight either if the eye upon which it is performed, or its fellow;* that it is followed by little or no suffering, and does not necessitate confinement to the the house; that the danger of

*For description of this instrument, see Am. Journal of Med. Sciences for April, 1877, r the last Am. edition of Soelberg Well's work on diseases of the eye.

the squint flying to the other eye is wholly chimerical; that children are rarely, if ever, born with this defect, and, if they were, this fact would not of itself constitute a valid objection to the performance of an operation for its correction; and finally, that it is a great and inexcusable mistake to suppose that the deformity may be outgrown, and, on this account, to advise the postponement of operative treatment. Indeed, regarding the very great probability of the development of amblyopia in the squinting eye, I can see no justification in postponing the tenotomy, as is often done, even in the youngest children.

REPORT OF CASES.

EPISTAXIS.

BY BOLLING W. BARTON M. D. OF BALTIMORE.

To stop bleeding from the nose, it is not always enough to blow styptic or astringent powders into the nostrils; and the injection of stronger agents while it may stop the flow of blood, is often attended with very objectionable accidents. I believe that I once endangered the life of a patient, by the injection of Monsel's solution into his nostrils. Some of the solution flowed back into the larynx and trachea, and produced most painful symptoms at the moment and was followed by a degree of œdema of these parts which proved unpleasantly serious. The injection may have been done in a bungling manner, but even with skilful hands it is easy to see that such an accident might happen. Besides this the injection of this liquid is almost certain to give rise to quite profuse salivation, and if it pass into the stomach, to vomiting which is likely to undo all that has been done to arrest the bleeding. The last resort to which we flee when the simpler methods fail, that of sound and tampon is certainly most efficient in stopping the hemorrhage, but is also a most troublesome operation if the patient should happen to be a peevish child. I have been told also that the presence of the tampons gives rise to peculiarly painful sensations.

In view of this heap of difficulties, I propose a simple method to which the foregoing objections can not be urged and which has proved on three occasions all that could be desired in checking the nose-bleed.

I used the Monsel's Iron Solution but applied it with feathers. The wing feather of a common fowl is most readily gotten. The barbed end, of course, is dipped into the solution and pushed rapidly back into the nostral, and turned one or twice in the fingers. In a few seconds the feather refuses to yield to pushing or pulling, showing that a firm clot has been formed. The projecting end is clipped so as not to inconvenience the patient, enough of it being left to be easily seized and removed when acquired. If one feather should fail to stop the blood, a second may be introduced in the same manner alongside of the first one. At the end of a certain time the clots slough away from the nasal walls, and may be removed without trouble.

This is a very simple procedure, and I doubt whether it will fail when any other method would succeed.

TRANSLATIONS.

Physiological Properties of Bromohydric Ether. By A. Rabuteau, (*Comptes rendus Acad. des Sciences*, 1876).—Bromohydric ether (C^2 H^5 Br.) has an agreeable odor, and produces, when absorbed by the respiratory passages, absolute anæsthesia more rapidly than chloroform. This ether has no caustic or irritating properties as compared to chloroform. Its exhibition is without danger. It is preferable to chloroform, as it is entirely eliminated by the respiration.

Bunion or Deviation of the Great Toe. By H. Mongold, (*These de Paris, No.* 178, 1876).—The author reports in his work 100 observations, of which 33 were of men and 67 of women; the age varying from 30 to 60 years. From the minute examination of his cases Mongold believes that anatomical explanations should be rejected, such as relaxation of the internal lateral ligament, displacement of the sesamoid bones, etc. He thinks the real cause purely constitutional and whether the deviation be unilateral or bilateral with or without bunions, it should be considered as a manifestation of arthritis. The shoe is only an occasional cause and the bunion which apparantly comes from rubbing, is only produced after the head of the metatarsal bone commenced to project.

THERAPEUTIC VALUE OF ALUM IN AFFECTIONS OF THE CONJUNCTIVA. By HUGO MAGNUS, (*Deutsche Med. Wochensch.* 11, 37, 1876).—The writer uses a large crystal of alum filed into the shape of a crayon. He applies it to the conjunctiva in the ordinary way. The reaction is very rapid, but the pain lasts but a moment. Irritable persons and children bear it very kindly, although the modifications, which this caustic induces are very durable.

TREATMENT FOR PROLAPSUS OF THE RECTUM. By E. DELENS, (*Journ. de Therap. No* 4, 1876).—Allingham's treatment modified is made use of by this author. He cauterizes that portion of the intestinal mucous membrane which projects through the sphincter with fuming nitric acid, then the tumor is smeared with olive oil, and the mass returned to its natural place. A tampon is then introduced, which over-distends the rectum, and a bandage is applied to the perineum. The patient should be kept in bed for five or six days, and the peristaltic action of the intestines should be interrupted by morphia. Faradization of the sphincter is indicated daily for five minutes at each sitting, The cauterization causes inflammation of the submucous cellular tissue and the distension admits of permanent adhesions, which, hold the bowel in situ, and prevent further prolapsus.

CONTRIBUTION TO THE HISTORY OF GASTROTOMY. By WOLZENDORFF, (*Berlin klin Wochensch. No.* 31, *page* 455, 1876).—In the seventeenth century gastrotomy was twice performed by German physicians for foreign bodies in the stomach. The report of these operations is borrowed from the oldest work on legal medicine published in German; Vernünftiges Wundenurtheil, by John Nicholas Pfeizer, of Nüremberg, 1672. The following is the report of the first case:

At Prague, on Easter monday, Matthaeus, a Bohemian peasant 36 years old, a facetious man, was amusing himself by partially swallowing a horn-handle iron knife as a pastime. Inadvertantly, he allowed the knife to slip too far down his throat and he was unable to recover it as usual. After having retained it in his stomach for seven weeks and two days, the point of the knife worked its way externally through this organ near the cardiac orifice. This was aided by epispastics. Seeing this condition, the patient

prayed the nurses to extract the instrument by dilating the wound. The most celebrated surgeon was sent for, Florinus Mathis, of Brandenburg. This gentlemen performed the operation the first Friday after Penticost at 7 o'clock in the morning. The patient recovered, in spite of contrary belief of the opinion of the doctors in general, and he even married. The knife extracted from the stomach had a length of nine inches and had assumed such a color, that one would have imagined, it had sojourned in fire all this long while.

J. D. F.

REPORTS OF SOCIETIES.

MEETING OF THE CLINICAL SOCIETY OF BALTIMORE.

At the last meeting of the Clinical Society, Dr. I. E. Atkinson read an interesting paper on "Unilateral Idiopathic Cutaneous Atrophy." A patient had presented himself for treatment, in September last, at the special Dispensary, complaining that his left leg was gradually becoming smaller than the other and he was afraid it would waste away to nothing. He was a driver and twenty years old. General health good but had noticed, first about eight years ago, a small white spot near the umbilicus. Then there came areas of spots, some of them mottled in appearance, running downwards on the thigh. The disease had started with the spot near the umbilicus and has gradually worked its way down. On the thigh the spots changed, somewhat resembling erythema. As the skin at different points became affected, large tortuous veins could be seen, while the number of hairs was diminished. The skin did not wrinkle but was quite smooth, there being no natural lines or folds, and was very thin. On the anterior part of the thigh the skin was normal. Measurements were taken of each leg at various points which showed a difference of from three to seven centimetres in circumference. The corium, papillary layer and rete mucosum were all diseased. This disease differs from the xeroderma of Hebra and other authors. Whether it was caused by disordered nutrition or by any change in the vaso-motor system could not be determined.

Dr. T. R. Brown showed a specimen from a child, which he spoke of at a previous meeting, viz: a case of numerous growths in the vagina of a child less than two years old. Since the first appearance

and during the numerous removals of many of these quickly returning tumors the child had become gradually weaker, and at last had died of exhaustion. The uterus and vagina were exhibited and excited much interest and comment.

Dr. Tiffany suggested "fœtal inclusion," which many pathologists were now writing about, as the cause of the disease in the present case and thought it worthy of special attention. He also related a somewhat similar case in a negress who had borne 13 children. She had suffered from a disagreably fetid discharge from the vagnia for two years. When the finger was introduced, the vagina was found to be so full of growths it felt like a bunch of grapes. Like Dr. Brown's case in one particular the neck of the uterus appeared to be entirely gone; but not like it in others since the tumors extended completely by round the wall of the vagina. A thorough examination had been made after death. Dr. T. considered it a case of carcinomatous papilloma.

Dr. Russel Murdock related a case of astigmatism followed by microphthalmus in a child two years old. The right side was greatly affected, the left slightly. Donders has said this trouble was often connected with depression of the malar bone. In this case the child had inherited both, the astigmatism coming from the mother, and the deformity from the father, who were each affected in this manner differently. Dr. Murdock did not agree with authors in speaking of astigmatism as physiological. In many cases there was perfectly normal vision in this respect.

Dr. H. Clinton McSherry opened the discussion of the evening with a casefully prepared paper on "Laryngeal Stenosis," a disease which he said was not fully treated of in text books, but was in fact worthy of much attention.

R. B. MORISON

SELECTIONS.

CONSIDERATION OF SEVERAL REMEDIES.

[*From Cincinnati Medical News*]

CARDIAC STIMULANTS.

At the very head of this class stands digitalis. In organic disease of the heart (no longer considered a rare disease of childhood), the prognosis as to compensatory relief under its use is

certainly more favorable than in the same lesions in adult life. In mitral regurgitancy the bruit is increased by digitalis, but the cough and asthmatic dyspnœa are relieved. The infusion of digitalis often affords great relief in various forms of dropsical effusions; yet it is, properly speaking, no more a diuretic than tannic acid, which, as we know, also increases the flow of urine in certain intances. A failure or paucity of the urine occurring while digitalis is being administered should be regarded as a sign of danger. I have only once noticed the blueness of the sclerotica described by some writers as a toxical symptom. I have not found it necessary to give large doses in cardiac diseases of children, but it has been necessary to continue it for a long time. I gave it in one case for a year with but a few short intervals; in three others it was given consecutively for over six months, resulting in relief of every symptom except the bruit itself. I have at no time observed any of the cumulative action of the drug, and it very rarely disagreed with the stomach. Cinnamon water appears to be a good corrigent for the nausea which digitalis may produce.

Belladonna stimulates the heart indirectly by its paralytic effect upon the inhibitory nerve centers. Irregularity of the heart's action not unfrequently has its origin in the brain rather than in the heart. Severe and prolonged mental application may thus often disturb the rythmical contraction of this organ by a stimulation of the inhibitory centers. As a stimulant to the capillary circulation, belladonna is exactly suited to a relaxed condition of the skin, as well as to the more complex diseases of the spinal cord. Children tolerate the drug beyond the age ratio followed for other medicines.

CARDIAC SEDATIVES.

The indication for this class of medicines in the inflammatory and febrile conditions of childhood is more positive than in adult practice. Such conditions are often of asthenic type, and most of the febrile conditions are of an irritative character, the heart's action is greatly accelerated, and its force is also increased at the expense of the muscular power. In these conditions the most valuable agent is aconite, and the most reliable preparation is the

tincture of the root. Its action as a local sedative also, when applied to any part of the mucous tract, is a great advantage where the stomach is irritable and medicines cannot be retained. The smallness of the dose—one-fourth of a drop being sufficient for an infant—and its tastelessness when properly diluted, are points of great importance. Veratrum viride cannot, I think, be compared with it in value in childhood; although it is considered to be a safer agent, the nausea and purging induced render it unfit for many cases.

SPINAL SEDATIVES—CONIUM.

As an agent affecting the circulation in the brain and spinal cord, and as a paralyzant of voluntary muscles by its effect upon the afferent spinal nerves, conium has not yet attained the high place in general practice which it deserves. Perhaps the two circumstances which have led to this are, first, that in diseases requiring the use of conium, as in spinal irritation, congestion, meningitis, etc., the medicine is seldom employed in sufficient dose; second, there is very little of the drug which is reliable. Conium should be administered as digitalis; *i. e.*, for its effects alone, without reference to quantity. Dr. Harley has declared that conium is to the corpora striata, the smaller nerve centers, and the entire motor tract, "what opium is to the brain." Since I have been less careful in regard to the dose, I have had better results from the use of conium. Some years ago I made extensive use of extract of conium in cerebro-spinal meningitis, and with marked benefit. The only preparation which is at all reliable is the fluid extract.

SALICYLIC ACID.

The effect of this acid in controlling acute rheumatism is truly wonderful. Much of its value no doubt depends upon the sedation exerted by it upon the circulation, as a consequence of which pain is lessened and temperature reduced. I have found the pain of migraine and other neuralgias yield very promptly to its use. As a local application to the nasal and pharyngeal mucous membrane in diptheria and other diseases it is unexcelled. Its caustic nature demands care in its use, especially in young children, and

the following formula makes an excellent and safe mode for its administration:

℞ Acidi salicylic - - - - ʒ jss.
Ammoniæ citratis - - - ʒ ss ad ʒ j.
Syrupi cinnamoni - - - ℥ jss.
Aquæ cinnamoni - - - ℥ ss.

M. Ft. solut. Teaspoonful every second hour for a child of five years suffering with rheumatism.

The putrescent character of the stools in children suffering with summer diarrhœas is at once changed by salicylic acid, and a corresponding improvement in the condition of the little patient noticed. Its power over living germs renders it at once invaluable when contagion is feared. Prof. Abelin, of Stockholm, says that "in children, doses large enough to bring down temperature acted as a poison," and cites a case in which twelve grains caused death. In such doses it seemed to be a corrosive poison. In smaller quantities it lowers temperature without exerting any beneficial effect upon the course of the disease.

JABORANDI.

Most of the experiments have been performed with an infusion of the drug in substance, and in this way when given in five or ten grain doses it has uniformly produced its characteristic effect. Now that we have its active or alkaloid principle (pilocarpin), it is probable that we may eliminate some of the hitherto ascribed properties as being common to the piperacea. Its action is upon the glandular system. Therefore, as a therapeutic agent, it must be limited to the restoration of the function of the skin, salivary glands, and the mammæ, or to establish vicarious action by them.

Its use in acute febrile excitement or during the eruptive stages of the exanthemata is opposed to the principles of sound therapeutics, and I am not surprised that disappointment has attended its administration where the vitality of the skin is impaired, or where perspiration and transpiration are checked by reason of high temperature. By the use of stimulating diuretics, we do harm in certain diseases of the kidneys, no less than when we employ stimulating diaphoretics to restore the function of the skin which is already suppressed by over stimulation. The indi-

cation is to lessen the force of the heart and bring down the temperature. If this be done by proper means, the perspiratory glands will resume their functions without the aid of jaborandi. The same applies to the salivary glands during the stage of eruptive excitement in scarlatina, and a failure of this drug under the conditions should not weigh against its usefulness.

Pilocarpia, in one-twelfth of a grain, equals five and a half of the drug in effect. It is an oily substance like conia, but not possessed of odor. It has little effect upon the heart and upon temperature, and the sense of debility after its use in health must be no argument against its use when the system is oppressed by dropsy (ascites or anasarca), for this same sense of weakness will be turned to strength by the use of this agent. By far the most numerous cases of dropsy in childhood are post-scarlatinal, and the testimony of those who have used jaborandi is in its favor. In certain dropsical effusions it offers the best and most prompt relief. The propriety of its use in cardiac dropsy, except for temporary relief, may well be doubted. It is best in dropsy depending upon disease of kidneys, as vicarious action is the only hope of even temporary relief. In cardiac dropsy it must not be made to supplant digitalis.

Ergot produces vaso-motor spasm, and consequently increased arterial tension, through its action upon the nerve centers within the cranium. This fact, if it be conceded, gives to the drug a therapeutic importance, in treatment of diseases affecting the circulation, unequaled by any other medicine, unless it be determined that ustilago is more powerful. I have made extensive use of ergot based upon the above theory, and so far with the best results. The importance of ergot as a therapeutic agent in congestions of the brain and spinal cord in childhood, in catarrhal and mucous diseases, etc., renders it especially proper to include it in the medicines of childhood.

CHLORAL HYDRATE.

It must not be forgotten that the symptoms relieved by chloral hydrate and potassium bromide are dependent upon hyperæmia of the nerve centers in the brain or cord, and that sudden exhaustion is attendant upon many diseases of infants; *e. g.* cholera,

diarrhœa, etc., in which convulsions usually terminate life. Chloral and bromide would but increase the trouble, and stimulants alone are indicated. The apyretic action of chloral hydrate renders the mixture additionally valuable in high temperature when convulsions threaten.

The local use of hydrate chloral is scarcely less valuable. I now depend upon its prompt and pleasant action in diphtheria; to abort abscesses, and to prevent the formation of pus in sinuses, as a gargle in stomatitis and in scorbutic gums of childhood, it is unexcelled, as well as in the angina of eruptive fevers. Chloral hydrate and bromide of potassium are contra-indicated in chorea. The rapid anæmia in these cases is of itself sufficient reason to predict what practice confirms. In whooping-cough a combination of the bromides, as in the formula of Dr. Brown-Sequard, will, if pushed, always give satisfaction. As a general thing in such cases the doses are far too small, and the interval too long.

Treatment of Thrush (Aphthæ), *Philadelphia Medical Times.*—Dr. E. Ory (*La France Med.*, 1877, p. 419) has collected the following formulæ. It must be remembered in treating aphthæ that certain affections of the digestive organs—troubles of nutrition, inflammation of the buccal mucous membrane, with augmented acidity of secretion—are conditions favoring the development of the fungus which constitutes the affection. The physician, therefore, must address himself as much to the general condition as the local affection. According to Blache, when the general condition is good it suffices to touch the mucous membrane a number of times daily with the finger, or, better a pledget of lint on forceps, covered with the following:

℞ Glycerin. (pure), ℥ i;
Aluminis, ʒ iv.—M.

The mouth should be frequently washed out with Vichy water, either pure or diluted with one-fourth part of milk, or, better still, with decoction of krameria.

Trousseau recommends the following gargles:

℞ Sodii borat,
Mellis rosæ, āā ℥ ss.—M.

Or, better:

℞ Potassi chlorat., ℈ iv.
Mellis rosæ, ℥ ss.—M.

The honey may sometimes be replaced advantageously with syrup of krameria. In rebellious cases, Trousseau practised cauterizations with nitrate of silver:

℞ Argenti nitrat., gr. xvi;
Aquæ destillat., f℥ ss.—M.

This solution, however, is apt to discolor the teeth and therefore may be advantageously replaced by solutions of the sulphates of zinc or copper.

Bretonneau used to use powdered calomel, mingled with mucilage, as a topical application. Sée rubs the affected spots with a bit of rag, and then bathes them with this mixture:

℞ Glycerinæ, f℥ x;
Amyli,
Sodii borat., āā gr. viii.—M.

West indicates an analogous formula: he does not use preparations containing honey, on account of their liability to ferment:

℞ Sodii borat., gr. xxx;
Glycerinæ, f℥ i;
Aquæ, ad f℥ i.—M.

He applies this very carefully on a clean linen rag, after having had the mouth thoroughly washed out with warm water. In the rebellious forms, he cauterizes with nitrate of silver solution, of the strength of about one grain to the ounce.

Parrot uses the following.

℞ Glycerinæ,
Mellis rosæ, āā ℥ ss;
Potassii chlorat, ℥ iss.—M.

Müller suggests:

℞ Acid. salicylic., gr. xvi;
Glycerinæ, ℥ vi;
Aquæ. ad f℥ ii.—M.

ABSTRACTS AND EXTRACTS.

THE GERM DOCTRINE AND SEPTICÆMIA.—Dr. M. A. E. Wilkinson, President of the British Medical Association, in his address, spoke of the germ doctrine and its applications. He said :—

We will inquire how it stands with this doctrine in regard to traumatic septicæmia and pyæmia. You are all aware that foul ill-conditioned wounds are attended with severe, often fatal, symptoms, consisting essentially of fever of a remittent type, tending to run on to the formation of embolic inflammations and secondary abscesses.

The notion that septicæmia is produced by bacteria, and the *rationale* of the antiseptic treatment which is based thereupon, is founded on the following series of considerations :—

1. It is known that decomposing animal substances, blood, muscle, and pus, develop, at an early stage of the process, a virulent poison, which, when injected into the body of an animal, produces symptoms similar to those of clinical septicæmia. This poison is evidently not itself an organism ; it is soluble, or at least diffusible, in water, and it is capable, by appropriate means, of being separated from the decomposing liquid and its contained organism. When thus isolated, it behaves like any other chemical poison ; its effects are proportionate to the dose, and it has not the least power of self-multiplication in the body. To this substance Dr. Burdon Sanderson has given the appropriate name of pyrogen. It is the only known substance which produces a simple uncomplicated paroxysm of fever, beginning with a rigor, followed by a rise of temperature, and ending (if the dose be not too large) in defervesence and recovery.

2. We know further, from the evidence I have laid before you, that decomposition cannot take place without bacteria, and that bacteria are never produced spontaneously, but originate invariably from germs derived from the surrounding media. We are warranted by analogy in regarding pyrogen as the product of a special fermentation taking place in decomposing albuminoid mixtures, but we cannot name the particular organism, nor the particular albuminoid compound which are mutually engaged in the process.

3. In the third place, we know that when a wound becomes unhealthy, as surgeons term it, the discharge becomes offensive, in other

words, decomposed, and when examined under the microscope they are found to swarm with organism resembling those found in all decomposing fluids. Meanwhile the patient becomes feverish, and suffers from the train of symptoms which we call septicæmia.

It is a natural inference that what takes place in decomposing blood or muscle in the laboratory, takes place also in the serous discharges and dead tissues of the wound. These become infected from the surrounding air, or from the water used in the dressings, with septic organisms; on that follows decomposition and the production of the septic poison, or pyrogen; the poison is absorbed into the blood, and septicæmia ensues.

It was the distinguished merit of Lister to perceive that these considerations pointed to a means of preventing septicæmia. He argued that, if you could prevent the access of septic organisms to the wound, or destroy them there, you would prevent decomposition, prevent the production of the septic poison, and thus obviate the danger of septicæmia.

The Use of the Trephine in Depressed Fractures of the Skull (*The British Medical Journal*, July 21, 1877).—Dr. Robert S. Hudson, after alluding to the change in surgical opinion which has occurred since the time of Pott, and to the brilliant results which that surgeon obtained by the use of the trephine, proceeds to question the propriety of that change, and asks that the surgical practice of the mining districts around Cornwall be given its due weight in the consideration of the question. For many years the operation of trephining for depressed fracture of the skull has been of weekly, almost daily, occurrence, and, according to Dr. Hudson, a very large percentage of the cases recover. If death ensue, there are generally obvious causes to account for it, such as diffused injury with laceration of brain-substance, and fractured base; success usually depends on an early operation, as soon as possible after the accident. He sums up his remarks as follows:

"1. Surgeons practising in the mining districts around Redruth and Camborne have had, especally in former times, unusual opportunities for the study of head-injuries,

"2. In compound fractures of the cranium, it has been the invariable practice of the most experienced to elevate depressed bone by means of the trephine or Hey's saw, without waiting for symptoms of compression or irritation.

"3. It is believed by those surgeons that no danger whatever attaches to the operation *per se*; pyæmic risks are unknown; and recovery is the rule after trephining operations.

"4. So firm is popular belief in the efficacy of the trephine, that a surgeon who hesitated to employ it, under the plea of waiting for symptoms, would assuredly suffer in reputation, if, in the event of death he were not put on his trial for manslaughter.

"5. Hospital statistics place herniotomy among the most dangerous operations; but the statistics of hospital surgeons in their private practice show to a demonstration that an operation for the reduction of strangulated hernia is practically harmless, even when it is necessary to open the peritoneal sac, and that the risk is directly proportionate to the length of the ignorant delay which has been allowed to exist previous to the operation. (Holmes's System of Surgery, vol. iv. page 692.) Although the parallel is not in every respect a complete one, we employ the trephine at the earliest possible period, and aim at preventing mischief by removing all sources of irritation.

"6. No matter how deeply prejudiced against the trephine our young surgeons may be when fresh from the schools, a few years' experience generally dispels the illusion; they become converts to the practice of the districts, and cease to look on its employment as antiquated surgery."

In *Guy's Hospital Reports* for 1877, Mr. Davies-Colley contributes two interesting cases in which the trephine was successfully employed, and adds, "These two cases support the rule which most of our text-books either miss or fail to impress, that in punctured fracture of the skull it is the surgeon's duty to trephine at once, without waiting for symptoms of compression or irritation."—*Med. Times.*

Action of the Sulphate of Quinine on the Fœtus and the New-born Child.—In a paper published in the *Annales de Gynecologie* M. Burdel maintains that when a pregnant woman, no matter what be the term of the pregnancy, is attacked with intermittent fever, she is liable to abort seven times out of ten, unless she is treated with quinine. It is very generally believed that this drug will itself cause abortion, but M. Burdel reports several cases which demonstrate that enormous doses of it can be taken without injury, to the embryo, and without shortening the course of pregnancy. He denies that malarial fever can be transmitted to the fœtus in utero, or to the nursing infant

through the milk of the nurse. He has never known infants to suffer from fever or other malarial symptoms before the fourth month. He has, on the contrary, frequently observed young infants fed entirely on the mother's milk to remain fresh and rosy, although the mothers themselves where devoured by fever and reduced to a state of profound anæmia. This immunity, however, does not persist after the process of dentition begins.

M. Burdel has devoted an important portion of his paper to the study of the action on the new-born child of the milk of a woman who is taking sulphate of quinine. Nothing is more variable and inconstant than the transmission of medicines, and of quinine in particular, by means of lactation. He has known children to be fatally poisoned by the milk of women who had been brought under the influence of this drug. He has deduced from his observations a certain number of facts, on which rules for the administration of quinine may be based. Thus he found that the drug was absorbed more rapidly, and was contained in larger quantities in the milk when it was given on an empty stomach; on the contrary, when administered with the food, it appeared in the milk less rapidly and in smaller quantities, and was consequenty less toxic. As the infants advance in age they become less susceptible to the influence of the quinine in the milk, and after they attain the age of five or six months cases of poisoning rarely occur. When it becomes necessary to administer quinine soon after delivery, its injurious effects on the child may be prevented by giving it with the meals or with some food, and by emptying the mother's breast artificially three hours after its administration. When these precautions are observed, M. Burdel claims that the infant may be allowed without fear to nurse the mother during the entire time that she is taking the quinine.—*Journ. de Med. et de Chir.*, October, 1877.

EDITORIAL

Diptheria—This disease still prevails, to an alarming extent, in some parts of North Carolina, notably about New Berne, as we learn from the state papers, as also in Maryland and Delaware.

We would be glad if one or more of the physicians, in the localities in which it has appeared, would send us reports of the disease and the treatment pursued.

And, just here, we copy from *The Proceedings of the Medical Society*

of Kings, a portion of an article on "Diptheria and Alcohol" read before that Society by Dr. E. N. Chapman, of Brooklyn. He considers alcohol an antidote, or unfailing abortive, in this disease and says:

"All local treatment is worse than useless. It exhausts the nerve-force and induces greater injection of the blood-vessels, thus favoring the exudation."

"Alcohol neutralizes the diphtheritic poison, sets free the nerves of animal life, subdues the fever and inflammation, destroys the pabulum that sustains the membrane, cuts short the disease, conquers its sequelæ, and shields other members of the family from an attack. Upon the subsidence of the fever, as is usually the case in from twenty-four to thirty-six hours, a purulent secretion begins to loosen the membrane, and soon, thereafter, to detach it in flaky, ragged fragments. This process may take place, and recovery be possible, even when the larynx and trachea are implicated. The membrane is seldom renewed, when this secretion is maintained by a steady use of the remedy. Alcohol is as antagonistic to diptheria as belladonna to opium, or quinia to malaria. Like any other antidote, it must be given promptly at the outset, as otherwise its potency will be lessened, perhaps lost altogether."

"Alcohol does not act as a stimulant, nor induce any of its ordinary effects. Enough may be given to cause profound intoxication in health, and yet there exist no signs of excitement nor odor in the breath. Hence at a late stage of the disease it is of little avail."

"Should the administration of alcohol anticipate grave symptoms by thirty six hours, recovery is assured; should the epiglottis be implicated, a croupy cough present, or the blood much contaminated, recovery is possible; but should the larynx be involved so as to impede the aëration of the blood, recovery is improbable, though, even then, the secretion of pus may detach, disintegrate and supplant the membrane."

"All cases of croup, on the failure of the usual remedies to subdue the harsh, rasping cough, should have alcohol added to the treatment; all cases of scarlatina, on the appearance of a membranous patch in the faucus, should be considered as diphtheria; all diseases associated with diphtheria, inasmuch as its presence casts a baleful shadow over every other morbid condition, should be disregarded, or at least, receive secondary attention only; all the sequelæ of diphtheria—paralysis, albuminuria, hemorrhage, anæmia, etc., etc.—should, whatever else might be demanded, be subjected to this all-potent remedy."

"Quinia is an efficient ally to alcohol. It energizes the ganglionic nervous system—a member of the vital forces not less important than the vascular—and thus enables the organism to right itself and resume its functions."

"Iron plays an unimportant part at first; but later, when the diphtheritic poison has been neutralized, it restores color to the blood, imparts force to the nerves, and awakens active nutrition—matters of no light moment in most cases. At an early day, even food and other means to support nature are of slender advantage; but when alcohol and quinine have tempered the violence of the symptoms, they are imperatively demanded."

"The power of alcohol and quinine to prevent blood-degeneration and nerve-exhaustion, depends on fresh air, bodily rest, mental quietude, and disuse of lowering medicines. So, also, the power of iron and food to restore the fluids and solids to their normal standard, is only operative by observing the same general caution as to impure air, active exertion, and heroic treatment of individual conditions."

"Alcohol and quinine have no greater power to cure than to prevent diphtheria, provided they are given promptly and continuously. With thorough ventilation they are all that is needed to purify a room or a house, unless there exist some extraneous source of infection, demanding special attention."

"PREVENTIVE MEASURES."

"During the prevalence of diphtheria in a family, those exposed directly or indirectly to infection should be protected by having a free circulation of air through the house, and by taking a certain amount of alcohol each day, until the patient has recovered. My usual prescription is here given: Quinoidine, Cinchoniæ sulph., of each, 25 grains; Acid. sulph. aromat, 2 drachms; Sp. frumenti, 8 ounces. Dose, fifteen drops to a tablespoonful, four or five times a day, according to the age of the subject. To all young children and to many adults, I am in the habit of directing brandy or whisky alone, in the above proportions. For the patient, quinia is substituted for the quinoidine, and the interval between the doses shortened to one or two hours. Six drachms an hour is the maximum quantity for an adult."

MEDICAL SOCIETIES.—The different medical societies in this city have been organized and have entered upon their Winter meetings with more promise of usefulness and success than for some years past.

The attendance of members has been good, and the interest manifested, by the presentation of pathological specimens, reading of papers and free discussions of medical questions, indicates a degree of activity which should be encouraged. Nothing is so conducive to the good of the profession as free interchange of views and opinions among its members, and there can be no better method of securing such a result than by the encouragement and attendance upon local medical organizations. Independent of the benefits which result from free debate and liberal interchange of views between medical men, there is often an outgrowth of social feeling, which developes a higher ethical standard between rival professional men than can be secured in any other manner. In this day of charlatanry, the profession should foster every organization which can give it strength. It is our purpose to encourage, in every manner, every medical society which seeks to promote the good of the profession. The proceedings of such societies, when forwarded to us, will be published when their prominence justifies us in so doing. There is one point we feel justified in urging: The membership of the different medical societies in this city is large, but it by no means takes in the majority of the profession here. There are a good many eminent physicians in this city who are not identified with a single organization, and yet who are capable of contributing largely to the usefulness of such societies were they to become active members. We urge these gentlemen to come out and lend their experience and wise counsel to such organizations. Every physician who is not, should at once identify himself with those of his professional brethren who have banded themselves together for the purpose of collecting and disseminating useful scientific knowledge.

A Case is reported from France in which a result, similar to the famous St. Martin case, so familiar to all readers, has been obtained by a surgical operation. A man swallowed some mineral acid the caustic action of which closed the esophagus. Gastrotomy was successfully performed. A tube was introduced through which the patient was fed and experiments on digestion and on the properties of the gastric juice were made. Nothing new has been learned further than was demonstrated by Dr. Beaumont in his experiments on St. Martin. This case will, however, afford phisiologists a chance for further research.

The Presbyterian Eye and Ear Hospital.—Baltimore is so

sadly, deficient in charity Hospital accommodations for the sick, that we hail with delight any increase of free bed Hospitals for our working classes From the above heading it will be seen that members of the Presbyterian Church, in the city of Baltimore, have established a Hospital for the treatment of Eye and Ear diseases, a charity which Presbyterians offer to the suffering poor in our midst, regardless of age, sex, color, nationality or creed. It is a charity in the widest sense under Presbyterian management. The very large dwelling No. 77 E. Baltimore street, has been selected on account of its central position and easy access by city cars, and in this building an OUT-DOOR and an IN-DOOR Department, the usual Hospital organization, has been established. The medical department will be under the management of Prof. J. J. Chisolm, M. D., of the University of Maryland, through whose efforts the charity has been developed. The establishment of this Free Hospital will be a great blessing to the poor, who for successful operations for the restoration of sight need isolation from the atmospheric contamination of a general hospital. We heartily wish Prof. Chisolm God speed in his good work.

DR. LANE, of San Francisco, Cal., performed splenotomy recently with a fatal result. The adhesions were so extensive as greatly to embarrass the operation. Transfusion was resorted to, when the hemorrhage called for it, with temporary success, the bleeding, however, continued after the wound was closed and the transfusion tube becoming choked, the patient sank before the defect could be remedied. The cases are rare in which attempted extirpation of the spleen is admissible or even justifiable considering the few favorable results.

THE U. S. MARINE HOSPITAL SERVICE.—During the fiscal year 1876–7, the collection of Hospital dues from seamen amounted to $372,467.70, and the total expenditures of the service for the same period amounted to $368, 395.28, leaving an excess of receipts over expenditures of $4,070.42. The number of sick and disabled seamen furnished relief was 15,122, and the average cost per patient $24.04, which amount includes medicines, medical attendance, subsistence and nursing, together with salary of officers, fuel, light and repairs to Hospitals and all incidental expenses. This is a reduction of $14.37 per patient since 1870, before the reorganization of the service. In other words, the service is now self sustaining, while for twenty successive years

previous to its reorganization by its present Chief, Surgeon General John M. Woodworth, an average annual appropriation of nearly $200,000 by Congress was found necessary to sustain it, exclusive of cost of fuel, light, Hospital repairs, etc., which were then paid out of other appropriations.

The Hospital Gazette and Archives of Clinical Surgery, edited by Edward J. Bermingham, M. D., and Frederick A. Lyons, M. D., of New York, have made their first appearance as a consolidated journal, and will hereafter appear semi-monthly under the above title. The journal is devoted largely to Hospital reports, clinical lectures and original papers, from representative men in the profession. An able corps of colaborators and reporters will assist the editors in maintaining it as a representative journal of the country.

We congratulate the editors upon the attractive appearance of their new journal and bespeak for them great success.

Medical Students.—We understand in the neighborhood of three hundred medical students have matriculated at the two medical schools in this city and that this is the largest class which has assembled for five years past.

As a large majority of the medical students who come to Baltimore are from the South, this increase is to be explained by the more prosperous condition of affairs in that section of country.

Transactions of the Medical Society of the State of North Carolina.—Twenty-fourth annual meeting, held at Salem, N. C., May 22, 1877. Salem: Printed by L. V. & E. T. Blum.

The transactions of this meeting of the Society, not unlike former ones, is very interesting. The meeting was largely attended by many of the most prominent physicians in the State, and the transactions were of a character to entertain as well as instruct.

Many valuable contributions, in the shape of papers and reports of interesting cases, were made by various members of the Society.

Dr. Eugene Grissom, Superintendent of the State Insane Asylum, read a carefully prepared and highly instructive paper on Epilepsy, which is well worth an attentive perusal.

Dr. Geo. A. Foote, the retiring President, delivered an address on the subject of "Hypodermic Medication," in which he treats the sub-

ject in a manner evidencing patient research and laborious application. That he has assiduously studied and painstakingly tested the use of medicine subcutaneously no one who reads his paper can doubt. In his address he relies mainly on his own experience, in the hypodermic use of medicines, which has been satisfactory in the highest degree. From his experience he inclines to the belief that morphia should seldom be used alone, but in conjunction with atropia, in proportions to suit each case, with a view to prevent the nauseating effects of the opiate. He cites numerous cases in which various medicines have been used hypodermically with great success—particularly, morphia and atropia after amputations; opium, atropia and aconite in rheumatism; chloroform in sciatica; quinia in fevers; strychnia in paralysis and nervous disorders, and in overcoming the depression following the use of morphia; ammonia in bites of venomous reptiles and the virus of rabies and ergot in post partum hemorrhage and in lingering cases of labor.

We regret that space will not admit of our analysing this and the many other valuable papers, read before the Society, as they deserve. It is greatly to be regretted that Dr. J. F. Shaffner's admirable address on the "History of Medicine and Surgery" was not published, in full, in the transactions of the Society. This, and several other very interesting papers and reports, read and delivered before the Society, are lacking to make the transactions complete.

We would advise those who have not seen a copy of the transactions of the North Carolina Medical Society, for 1877, to get one as it will well repay perusal. The secretary's address is: Dr. L. Julien Picot, Murfreesboro', N. C.

BRIEFS.

Death Under the Administration of Nitrous Oxide and Ether.—A death has recently taken place at University College Hospital during anæsthesia from nitrous oxide gas and ether. The patient was a woman fifty-five years of age, who was admitted to the Hospital in consequence of strangulated femoral hernia. She was taken into the operating-theatre, and gas and ether administered by means of Clover's apparatus. In about four minutes she was well under the influence of the anæsthetic, without having exhibited any

previous excitement. Taxis was then applied, when almost immediately the patient became pale and commenced vomiting stercoraceous matter. At the same time the respirations became weak, and the pulse at the wrist imperceptible. The doors and windows of the theatre were at once thrown open, and artificial respiration was carried on for a few minutes. As no obvious benefit resulted an enema, containing three ounces of brandy, was administered. Fumes of strong ammonia were applied to the nostrils, and ammonia injected into the right median basilic vein, but all without any good result, and the patient died within about ten minutes from the onset of the alarming symptoms. At the autopsy, stercoraceous matter was found in the trachea and right bronchus. The right side of the heart and the large veins were full of dark fluid blood. The ventricular walls were thin and flabby, and the cavities slightly dilated. The left ventricle was empty. The arch of the aorta presented numerous patches of atheroma.—*Brit. Med. Journal.*

Death from Ether-Inhalation.—An inquest was held last week at Manchester on the body of a lad who died in the hospital of the City Workhouse while under the influence of ether, which had been administered previous to performing an operation on the hand. According to the evidence of Mr. James Hardie, M. D., Surgeon to the Workhouse, the deceased had been operated on twice before, when chloroform had been administered; but as on the last occasion alarming symptoms presented themselves, it was now thought safer to give ether. A small quantity of ether was applied to the nostrils, and it seemed to take effect easier and quicker than usual. A few minutes after, and just as the operation was about to be commenced, the patient seemed to faint, and the breathing to be arrested. The galvanic battery was applied over the course of the phrenic nerves, but it only produced two or three gasps; and this as well as other means of restoring consciousness was unsuccessful, the patient dying whilst on the operating-table.—*Medical Times & Gazette.*

Death during Etherization.—Dr. Benjamin W. Robinson, of Fayetteville, N. C., reports ("Va. Med. Monthly") the case of Mrs. McNeil, who consulted him on account of a tumor of the breast, which he extirpated while the patient was under the influence of ether. The

tumor returned, and the operation was repeated in ten months. Again, after the lapse of six months, a third operation was performed, and Squibb's ether was administered in a conical inhaler. During the inhalation the pulse improved in volume and force. In about twenty minutes after the operation was begun, it was announced that, with gradually increasing pallor, the radial and temporal pulse, which had been failing since the operation begun, were extinct, and that the respiration was irregular. Brandy was administered subcutaneously, the foot of the operating table raised, and artificial respiration practised. The lapse of a few minutes promised thorough resuscitation, the patient became conscious, the horizontal posture was restored, and the operation was continued without the inhalation of any more ether. In a few minutes the patient vomited, after which it was found that she was sinking. All efforts at resuscitation now proved unavailing.

Death during Anæsthesia from Ether.—Anæsthesia was induced in a female, aged twenty one, who was to undergo amputation of the leg at Westminster Hospital, London. Chloroform to the extent of two drachms was given on lint, and the patient quietly and quickly became insensible; then ether, poured upon a sponge placed in a felt cone, was substituted for the chloroform. The amount of ether used was two ounces, and the patient was moribund in about two minutes after the ether was begun. The chloroform was given by itself for about three or four minutes, and ether by itself for two or three minutes.—*Brit. Med. Jour.*

Marks of the True Physician.—The true physician is quiet and unpretending, yet firm, prompt and attentive. He is kind and courteous in deportment, especially in the sick-room. He is jealous and careful of his reputation but does not seek to establish it by unprofessional or unfair means, and is guarded and respectful toward the opinions and character of professional brethren. He is temperate, and should be a Christian man—ready, after exhausting his skill and resources for the relief of physical suffering, to administer a balm of hope and comfort to the despairing spirit. He should be an observing man—studious, watchful, and progressive, and should read, contribute to, and *pay for* at least one medical journal.—*Southern Medical Record.*

Researches of Last Year.—Forty-five scientific expeditions were fitted out during the year 1876. Of these, twenty-four had their field in Europe, seven in Africa, five in America, and two in Oceanica. The objects of the researches included archæology, natural history, anthropology, medicine, statistics, comparative legislation, comparative history of religions, philosophy, geography, geodesy, and astronomy. In addition, organized researches were also made among archives and in libraries.

Sclerotic acid, the active principle of ergot, isolated by Dragendorff, appears in the American prices current at $25. per ounce. It is administered hypodermically in doses of one-sixteenth to one-twelfth of a grain.

Amyl-Nitrite in Whooping Cough.—1 to 3 minims repeated every 2, 3, or 4 hours, according to the age of the child and the urgency of the symptoms. No antagonism exists between this remedy and quinine.

The Virginia State Medical Society met in Petersburg on the 23rd of October. Dr. John Herbert Claiborne was elected President for the ensuing year. The next meeting will be held in Richmond.

Dr. Paul F. Eve, the distinguished Southern Surgeon, died in Nashville, suddenly, on Nov. 3rd.

Dr. Phelphs Chamberlain, an aged and highly respected member of the profession, died in San Francisco, Cal., on the 19th. of Oct

BOOKS AND PAMPHLETS.

WHAT ANÆSTHETIC SHALL WE USE? By Julian J. Chisolm M. D., Professor of Ear and Eye diseases University of Maryland, and Surgeon in charge of the Baltimore Ear and Eye Institute. For sale by Kelley & Piet.

The above pamphlet is a reprint from a paper published in the October number of the Richmond and Louisville *Medical Journal* in which the author has carefully reviewed the history of the different anæsthetics, which have been, and still are in use for the purpose of showing how far, and under what circumstances, it is safe to use anæsthetics, and then to express boldly his confidence in chloroform in preference to ether in every instance in which the administration of an anæsthetic is admissible.

This is one of the strongest papers on this subject we have yet seen. The author has in support of his own personal experience, which has been more extensive, perhaps than that of any practitioner in this city, drawn largely from the experience of eminent American and European surgeons. He argues ably that when intelligently administered chloroform is as free from danger as ether and as an anæsthetic is far preferable. We must confess that, after a Hospital Residence of three years in which daily administrations of the two anæsthetics have been employed, by the different Hospital surgeons, we are prepared to accept and endorse the views entertained by Prof. Chisolm. In the many hundred cases in which we have seen chloroform administered we have yet to see the first alarming effect, and we believe, with Prof. Chisolm, that when bad results do occur it is from faulty administration and not from the anæsthetic.

The object of Prof. Chisolm's paper is not to furnish a full statistical account of the number of deaths from ether or chloroform, but rather to show that if a dozen surgeons in various parts of the world can be found who have given chloroform several thousand times, and without a single fatal case, that others can do the same and that when trouble follows in the practice of one surgeon he should look to himself rather than to the article which he uses for his discomfiture. We can recommend this paper to the profession as discussing a question of great practical interest and as well worthy of careful consideration.

APPLIANCES.

THE SPERMATIC TRUSS.

This is a late invention "for the cure of Spermatorrhœa or Seminal Weakness, and to sustrain and subdue inordinate sexual desire, and to prevent the chordee attendant, frequently, upon Gonorrhœa."

We have one of these Trusses, but have not yet had an opportunito of testing it but from the numerous testimonials it has received from prominent physicians, who have tried it, we are led to believe that it meets a need long felt.

A writer speaking of it says :

"The Spermatic Truss possesses of itself no curative properties, more than does a hernia truss, but it acts by taking advantage of the physiological actions of the genital organs, *in short, while worn, it prevents erection of the penis.* The penis being secured in an entirely recumbent position, it is impossible for an erection to occur, and the increased sexual desire, and seminal loss, consequent thereto, are avoided."

We suggest a trial of this appliance which can be obtained of Druggists and Instrument dealers, or of the manufacturers, Cooper Truss Company, Pittsburg, Penn.

MARYLAND
MEDICAL JOURNAL.

VOL. II. BALTIMORE, JANUARY, 1878. NO. 3.

ORIGINAL PAPERS.

LARYNGEAL STENOSIS.

BY H. CLINTON M'SHERRY, M. D., LECTURER ON DISEASES OF THE THROAT AND CHEST, IN THE SUMMER COURSE OF THE UNIVERSITY OF MARYLAND, AND CLINICAL ASSISTANT TO THE PROFESSOR OF DISEASES OF THE THROAT AND CHEST.

[*Read before the Baltimore Clinical Society*]

Laryngeal Stenosis is an affection that is but little dwelt upon in treatises on laryngology, and for this reason, as well as the fact of having seen a number of cases under treatment, but more especially on account of having had under observation, a short time since, an interesting case of this trouble, both as regards the condition presented and the result of the remedial measures taken, I have been influenced to select it as the subject of discussion for this meeting.

The case that I refer to, B. A., a man 22 years of age, applied for relief at the special Dispensary for the throat and chest. He complained of great difficulty of breathing, which was very evident from its wheezing, stridulous, character, his distressed appearance, the bluish discoloration of the skin, and the loss of his natural speaking voice which had then become a stridulous whisper.

He stated that four or five years before he had had a chancre, and afterwards, underwent the ordinary course of syphilization. When the ulceration of his throat had progressed for some time he had medical advice, after which his general condition seemed to be improved, until some months subsequently, he did not

remember exactly how long, he began to notice that he got out of breath on making any exertion, sooner than he did formerly. This difficulty of breathing had gradually increased to such an extent that when he applied at the dispensary he was unable to do any work, or make any exertion whatever. His voice he thought had been changed from the time he first had the sore throat, but it had become "small by degrees and beautifully less" until he lost it.

Having gotten from him the history of his case as well as he was able to give it, I proceeded to make an examination of his throat. On inspecting the pharynx, the velum was seen to be adherent to its posterior wall with the exception of a small opening, about three lines in diameter, on the right side. Of the uvula, there was no vestige. Several cicatrices of ulcerations were seen in the pharynx. Examining still further with the laryngoscope, the epiglottis was seen to be drawn down to one side and the ventricular bands so much thickened and indurated as to very nearly conceal the vocal chords, only the posterior portion of the left chord being visible.

Cicatrices of a grayish white color were seen on the left side at the root of the epiglottis, on the left ventricular band and around the left arytenoid cartilage, none of them being of a particularily large size. On the right side of the larynx, I detected no scars whatever. There was scarcely any visible movement of the left, and but little of the right arytenoid during the inspiratory movement, and even during the effort of full inspiration, no view of the trachea could be obtained. On attempted phonation the vocal chords approached each other to such an extent as to bring the entire left chord into view, while the inner free edge of the right chord was now to be seen protruding beyond the ventricular band, and both of them were noticeably thickened and reddened, but their coaptation was not perfect, a slight opening always remaining between them.

This was, in fact, a case of stenosis of the larynx, principally due undoubtedly, to cicatrizations of ulcerations in the larynx, which had by the attendant contraction of the tissues, caused a constriction of the glottis, by interfering with the mobility of the

arytenoids, and the condition was still further aggravated by the thickening of both the ventricular bands and the vocal chords. The whole trouble being the result of syphilization, in all probability, would either never have occurred, or at any rate would have been much ameliorated, had proper attention been given to the local treatment of the throat, during the secondary and earlier stages of the tertiary syphilitic disease.

This is almost the unvarying history of laryngo-stenosis, for its occurance in any other manner than as the result of the chronic laryngitis of syphilis is very exceptional. It is never a sequence of the extensive ulcerations of chronic tuberculous or carcinomotous laryngitis, as observers have decided that those ulcerations *never* cicatrize.

The rima glottidis, is sometimes narrowed it is true, in both chronic idiopathic and tuberculous laryngitis. by a thickening from fibrinous infiltration of the submucous tissue of the ventricular bands and vocal chords or of the subglottic mucous membrane, but rarely to such an extent as to cause a marked constriction ; but there is a condition that does constitute a true stenosis, which though nearly always a concomitant of syphilis, may, I believe, occur in connection with the other forms of laryngitis. I refer to those cases where the inflammatory exudation becomes organized into fibrinous bands, which stretch from one part of the larynx to another, very often from one vocal chord to the other, and by gradual contraction, draw the two together and hold them fixed. Of this variety of stenosis there are a number of cases reported by Mackenzie, Schrötter and others, and I have myself seen two cases, in one of whom nearly the anterior half of the glottis was closed in this manner, while in the other there was a single membranous band extending across the glottis from the middle of one chord to the other.

Again a Laryngeal Stenosis is occasionally met with as the result of the inhalation of flames or from scalds of the larynx, by which perichondritis or chondritis is occasioned or an inflammation is produced which has gone on to ulceration and cicatrization.

As regards the diagnosis, the discovery of an obstruction in the larynx is readily enough detected, by the appearance of the

patient, The changed voice, the distressing stridulous breathing, the rales that are often heard at some distance but are always very marked on auscultation of the larynx, and the percussion dulness, that can be detected, not only of the chest, but also of the larynx by very acute examiners, but exactly the character of the obstruction can only be appreciated by laryngoscopic examination.

Though laryngo-stenosis is as I have said in nearly all cases dependent on syphilitic disease, constitutional remedies will never effect a cure ; to prevent death from suffocation, local treatment must be primarily and immediately undertaken, always with the object of overcoming the constriction in such manner as to allow the lungs again to receive the normal amount of oxygenated air which has for a time been cut off from them. It has long been the custom in this emergency to obviate the trouble by the creation of a second one which is but little better than the first, and even of late years since the laryngoscope has come into almost general use, those physicians who do not use it and probably for that reason undervalue its usefulness, will, when they find the breathing interfered with by an increasing obstruction in the larynx, hardly hesitate, without much investigation as to the nature of the trouble or as to whether it be in itself remediable or not, to make a hole in the neck, by which air is certainly permitted to pass to the lungs, but the original trouble is in nowise benefitted nor its progress stopped.

It was for the benefit of these sufferers, with whom the canula had become a "vade mecum," that Schrötter undertook to devise some means of dilating the constriction, in those cases where there happened to be a laryngo-stenosis, by which the necessity of wearing the canula they had been doomed to bear silently to the grave might be obviated. In this connection he says in the Jaresbericht for '71–'73. "I now give my method which I have practiced for more than a year past, for the cure of those cases of stenosis of the larynx which often compel the patient to wear the canula after laryngotomy has been performed. It is the most ardent wish of the patient to do without this instrument less I believe on account of the discomfort of wearing it and the necessary

manipulations, for most persons accustom themselves very quickly to both, and also content themselves with their indistinct speech, than it is on account of the peculiar fear which they occasion to the uninitiated and the continual questionings of curious strangers. The usual treatment designed to cause the reabsorption of any exudation present amounts to nothing, and the application of electricity to restore the movements of the rigid arytenoids is also useless.

I thought for a long time of some means to help these sufferers by mechanical remedies. I wished by the passage of elastic catheters of increasing thickness to widen the stricture more and more, and finally, when the normal dimensions of the larynx were permanently restored, to cause the outer opening to heal. I considered it better to proceed from above than from below on account of having more room to work in. In the further pursuit of my investigations, I first became, aware of the experiments of Dr. Bracke, who, however, only in one case and that not carried out to the end, employed a rectangular double canula in whose lower limb there was a second narrower one, which, by means of a spring, passed upwards through an opening in the canula, into the stricture of the laryngeal canal.

This method from underneath, of which I am free to confess I have not the preliminary experience necessary,—appears to me to be only available for those cases where the stricture already, or perhaps after my treatment, has a certain width.

I imagined that the passage of suitable thin English catheters, from above into the larynx, was an extremely easy matter, but I was not a little astonished, when by the help of the mirror, as well as the usual surgical procedure of seeking the laryngeal surface of the epiglottis with the index finger of the left, and using this as a guide to the passage of the catheter with the right hand,—I met with some quite important difficulties which I will describe later.

At all events I soon convinced myself that the passage with the aid of the mirror was, under all circumstances, the surest plan, even if one cannot prevent in the first attempt the catheter, which has not yet been shoved through the stricture, from being thrown out of the larynx by the choking movements of the patient.

In these trials the canula was removed, and if the catheter luckily passed the stricture and the point was visible in the opening of the wound of the throat, I took a small eye tenaculum and drew it out through the outer opening. The catheter therefore is passed through the mouth, through the stricture and out again through the opening of the wound, and in this position is allowed to remain for a time. But it was very soon apparent that this method had some weighty disadvantages, it was in the first place not possible, in this way, to allow the catheter to remain in long enough; and then very often the wound in the throat shrunk so that one had great difficulty in replacing the catheter; secondly the curving of the catheter out of the larynx into the canal of the wound, and removing it again is very troublesome to the patient, thirdly the catheters are soon spoiled by the hooking with the tenaculum and become so rough that they cannot be passed again without injury to the patient.

I now had catheters of increasing thickness made whose wires protruded out of the otherwise closed extremity and terminated with a button corresponding to the thickness of the instrument.

Now after the canula has been removed this instrument is introduced through the entire stricture and allowed to remain as long as possible, with due regard to the retraction of the wound of the throat, then the catheter is removed and the canula introduced. The catheter is again passed through the stricture into the opening in the canula and, then by means of a small pair of forceps, especially constructed for the purpose, fastened so securely to the neck which exists between the button, already described, on the end of the wire which passes through the catheter, and the end of the catheter itself, that it cannot be thrown out again and may be left there for several hours.

The passage of the catheter into the canula was not, however, an easy matter with all patients; for in many cases the stricture was very crooked, in consequence of which the catheter yielded and went sideways, and one could not tell, on account of the choking movements of the patient, whether it had passed the stricture properly or if it had been thrown out of the cavity of the larynx again. But this whole plan was not a success. In the

first place the patients bit through the part of the catheter that remained in the mouth with a tolerable degree of rapidity, and secondly it was only possible for them to take fluid but no solid nourishment. The instrument, therefore, had to be removed at each meal time. This objection was gotten rid of in the following way.

I had cylinders four centimetres long, in regularily increasing sizes constructed, at first of hard rubber and afterwards of tin, (after the manner of Trendelenberg for the trachea). Through these there passed a small brass rod terminating below in a neck on which is placed a somewhat conical shaped bulb, and at the upper part, about half a centimetre above the level of the bougie, in an eye through which a string about a foot and a half long is drawn.

Now in order to pass the bougie into the larynx, the thread by means of a wire, bent hook shape, is drawn through a tube formed like a catheter which terminates in a handle and around two wings that project on either side of the handle, the thread is tightly wound. By this means the bougie and tube become, so to speak, as one. But as this arrangement permitted a twisting movement of the bougie, the end of the tube was provided with a little projection which fitted into a shallow groove in the top of the bougie. Now after these bougies have been permitted to remain in the larynx as long as possible without the canula, for the reason already mentioned, they are introduced into the opening in the canula and there again fastened by means of a small pair of forceps, the string is then made free and the guiding tube removed. In this way the bougie is fastened perfectly safely, so that it can neither be drawn out above nor fall below, and only the string hangs out of the mouth of the patient, which gives no trouble either during chewing or swallowing.

The entire manipulation is accomplished at the morning visit, and the bougie is allowed to remain in position both day and night until, the next morning and is then only removed either for cleaning or to be replaced by a thicker one.

In referance to the form, it is still to be mentioned that I began with every new patient with the introduction of a round bougie

of the thickness of an exploration catheter (for such a one would always occasion the least reaction when used as a pathfinder). As soon, however, as the glottis had improved by a few lines in width, I applied those of increasing thickness which were triangular in shape to correspond with the more or less opened glottis."

Sometime after the writing of this Dr. Schrötter adopted a modification of the manner of holding the bougie in position after its introduction into the larynx, that is, instead of grasping the button on its end with a small pair of forceps, which was objected to principally on account of its allowing an upward and downward movement of the bougie to such an extent that is occasionally passed out of the stricture, the inner canula itself which was two centimetres long was provided with a curved rod which projected from its upper wall three centimetres, this was passed through a canal in the lower end of the bougie after it had been placed in position. By this means the movement, the greatest objection to the other process, was prevented.

This method for dilatation of the glottis was found, in many instances, to give the most satisfactory results as to the cure of those cases, in whom the constriction had become so great as to necessitate laryngotomy; but to avoid doing this operation in the earlier stages of the trouble, when the respirations are carried on with tolerable ease through the larynx, was a great desideratum.

During the winter of '74 and '75 that I spent in Vienna the use of tubes intended to be passed into the larynx for the gradual dilatation of laryngo-stenosis was being introduced by Schrötter.

These tubes are made of hard rubber, and I have seen them to

EXPLANATION OF PLATE.

FIG. 1. Tin bougie for the treatment of laryngo-stenosis, with the thread drawn through the tube.

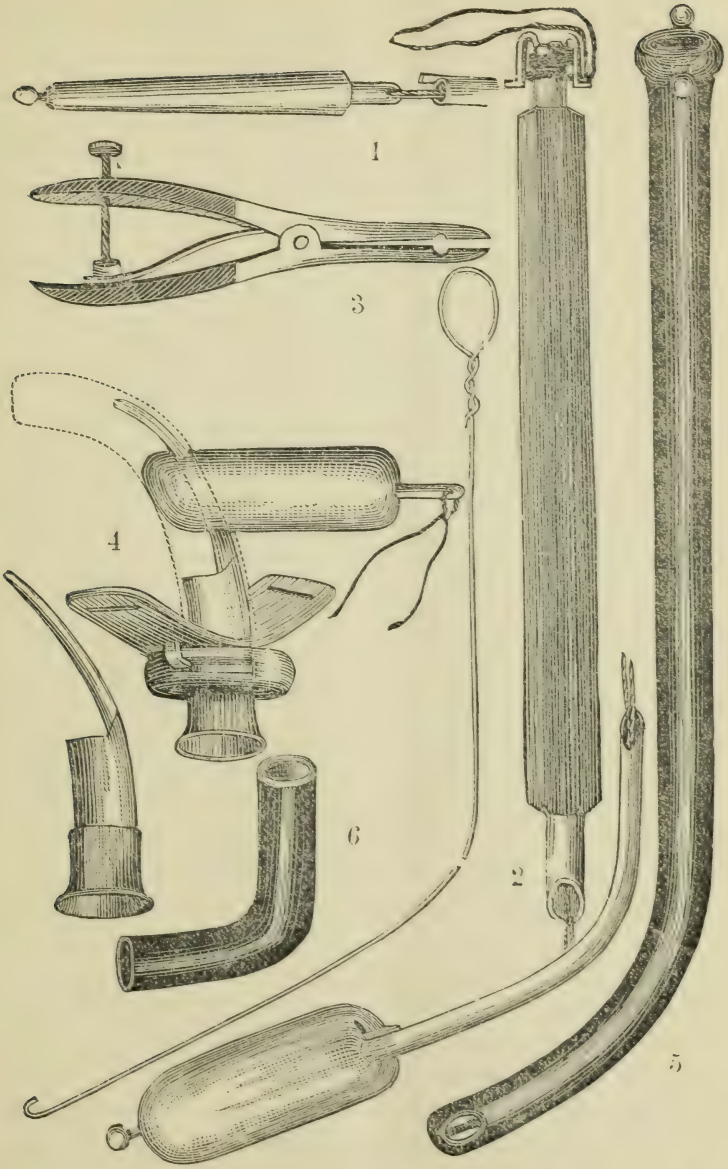
FIG. 2. A tin bougie of greater diameter: the thread from this is drawn through the tube, by means of the wire that is seen alongside of it, and wound tightly around the handle.

FIG. 3. Small forceps to fasten the bougie, by the slender neck on the end of it, in the canula.

FIG. 4. The improved method of holding the bougie in position after its introduction into the larynx.

FIG. 5. Hard rubber tube.

FIG. 6. Curved cylinder to be inserted into the oral end of the tube to hold it in position.



Instruments used for the treatment of Laryngeal Stenosis, after th method adopted by Dr. Schrotter.

be of service not only in the trouble for which they were intended, but also in one instance as a means of keeping up respiration, through the larynx, in a case of true croup, where a child that was nearly asphyxiated was kept alive until the arrival of a surgeon, who had been sent for to perform tracheotomy. They are about ten inches long of gradually increasing diameters, have large perforations at the end, and are hollow throughout their caliber. They have a long curve of about a third of their length for introduction into the larynx and at the oral end of the instrument a curved cylinder of about two inches in length is inserted and turned off to one side, to prevent their slipping. The introduction of the tubes is effected in this way; having slightly warmed and well oiled one it is passed behind the epiglottis, and placed over the orifice of the glottis, then by keeping up constant and steady pressure it will, if it be of a proper size, presently glide through the opening into the trachea, and the breathing through it will be instantly apparent by the tubular sound, and may be felt by placing the hand over the end of the tube.

On explaining on one occasion the uses of the laryngeal tubes to a well informed physician he said "you assert that you pass these tubes through the larynx, dont you most often introduce them into the œsophagus?" As this gentleman gives his attention principally to surgery he had no doubt seen in Erichsen or elsewhere, extracts from the report of the commission of the New York Academy, in regard to the earlier experiments of Dr. Horace Green, in the passage of elastic catheters through the larynx. The words of the report in one place are "We witnessed in cases 11 and 21 the fallacy of Dr. Green's opinion as to the success of his experiments, though based on so large an experience. In both cases while positive that he had successfully passed the instrument (an elastic catheter) into the trachea, *the patient vomited through the tube*, and thus demonstrated his error." And Erichsen in referring to the same matter says, "In the course of these experiments a point of much interest was elicited by the commission, viz; that a patient might blow out a lighted candle, or collapse or inflate a bladder attached to its free extremity, through the tube, even though it had never entered the trachea,

but had been purposely passed into the œsophagus." Now in view of these statements it is not wonderful, that persons who have not followed the progress of laryngology, should, like my friend, be rather incredulous as to the certainty of the introduction of the laryngeal tubes. But by the use of the laryngeal mirror the matter is placed beyond the question of a doubt, the whole transit of the instrument from its entrance into the mouth to its passage through the constriction being watched. Vomiting through the tube is an impossibility, and it can be stated positively that the air which passes through it is not eructation from the stomach but air passing to and from the lungs.

The benefit afforded the cases that I saw treated in this manner in the Vienna Hospital, was so marked that I determined under similar circumstances to adopt the same measures, hoping for the same happy results.

On the application of my case at the dispensary, after discovering the conditions before described, I at first made local applications of Argent. Nit. (gr. xl.—℥j.) for the relief of the thickened membranes of the larynx.

I then essayed to introduce the tubes for dilatation of the stenosis, commencing with the larger sizes I first tried No. 3 and then No. 2 of my set, on different occasions, but without being able to pass them, and it was only after repeated attemps that I was able to introduce No. 1, my smallest size.

On the occasion of its first introduction it was retained but a few seconds, being forcibly expelled on account of the irritation it produced. After each introduction, however, the larynx became more tolerant, and I may mention here that it is never nearly so sensitive during chronic laryngitis as it is in the healthy condition, until after a while he was able to retain it in the larynx breathing through it for ten minutes or a quarter of an hour at a time. It is always well when possible to introduce the tubes once or twice every day, but as this was a dispensary case it was not convenient to do so. He was seen however and the tubes introduced four times a week for about five months, when, the largest of the set having been used for some weeks, he found his condition so much improved that he determined to go to work again.

This man and the introduction of the tubes I showed while he was under treatment to the class attending the Summer course of the University of Maryland, and when I undertook to prepare this paper I had hoped to show him tonight, but on making enquiries for him I found that he is now at work out of the city.

While under treatment the swelling of the ventricular bands had diminished and his voice had become audible, but when I last saw him was still very husky.

In the treatment of those cases of stenosis resulting from the formation of membranous bands which stretch across the glottis, the points of constriction should be divided either with galvano-cautery or the concealed lancet, and the opposing surfaces cauterized, or in some instances where the membranous adhesions are very extensive it may be necessary to operate externally by making an incision through the median line of the thyroid cartilage, and cutting through the web of membrane, before the use of Schrötters tubes which will then be most serviceable in the further relief of the trouble.

To conclude, I will now close this paper by stating the object of it, which has been, in the first place, to present as clearly as possible the conditions attendant upon laryngo-stenosis, secondly the importance of the use of the laryngoscope in the diagnosis of this as well as all other affections of the throat, and finally to invite the attention of the profession to the remedial measures adopted by Dr. Schrötter for the relief of stenosis of the larynx, feeling confident that they will be found serviceable in nearly every case of this serious malady.

TRANSLATIONS.

Cardiac Hypertrophy Caused by Obliteration of the Pleural Sac and Loss of Pulmonary Elasticity. By Baeumler, (*Deutsches Archiv. fur Klin. Med. No.* XIX, *Page* 471).—The elasticity of pulmonary tissue aids the circulation of the blood and this propelling force is exerted both in expiration and inspiration. If this power be diminished, it is evident that the heart's action would be increased. Hypertrophy and dilitation of the right and later of the

left ventricle would be soon discovered. If the pleural surfaces are adherent, the free movement of the lung must suffer, and the author reports three cases, in which obliteration of the pleural cavity had caused hypertrophy and dilatation of the entire heart. Dilatation can assume such a condition, that tricuspid and mitral insufficiency may become established.

Brudi relates a similar case in the *Freiburger Poliklinik*. He found that the Resina Copaivæ exerted a curative influence upon the existing dropsy.

Affection of the Sympathetic Nerve in Both Mother and Daughter. By Spamer, (*Deutsche Zeitschrift f. prakt. Med.* 1877, *No.* 19).—A lady 47 years old, who, for a long time, had perspired only on the right side of the face after exertion, while she was yet nursing her last child, came more and more under the influence of a psychological impression (nostalgia). She lost her appetite, became thin, commenced to suffer from palpitation, complained of weak vision, and there was perceptible prominence of the eye-balls. At the same time the sympathetic nerve on the left side of the neck became very sensitive to pressure. The author inclines to the belief that all these symptoms may be attributed to an affection of the sympathetic. His opinion was strengthened by the existence of nervous diseases in this lady's relatives, and also of a similar nervous disturbance in her only daughter. The ability to blush and perspire was limited to the right side of the face, and the left side only felt warm.

The galvanic current applied to the sympathetic improved the mother's condition materially.

On the diuretic effect of the blatta orientalis in nephritis scarlatinosa. By Unterberger, (*Petersburg Med. Wochenschr.* 1877 No. 34).—The Blatta Orientalis, recommended by Bogomolow was tried by the author. He exhibited it to children three times a day, and found that the œdematous symptoms disappeared, the body weight decreased, the amount of urine augmented, the quantity of albumen became less, and that the texture of the kidneys was not destroyed.

Forced Dilatation of the Sphincter ani with especial Reference to the Treatment of Hæmorrhoids. By F. Monod, (*These inaugur, Paris*, 1877.)—The work of this author terminates with nine observations, and he gives the following conclusions :

1st. The etiology has a mechanical explanation and consists in compression at some point in the portal circulation.

2nd. In the great majority of cases this compression is limited to the branches of the superior hæmorrhoidal veins.

3rd. Hæmorrhoids once formed cause contractions more or less violent or painful and generally permanent.

4th. The forced dilitation of this contraction, which aids the development of internal piles, and also of strangulation and haemorrhage, is the most rational mode of treatment.

5th. This operation is the most simple and least offensive of any thus far proposed; and hardly merits the name of operation at all.

6th. It is indicated in rectal hæmorrhage, and in pronounced anæmia.

7th. Forced distension does not exert any perceptibly curative influence on the external piles, but nevertheless they are in sympathy and are benefitted indirectly.

8th. Thirty successful cases, in which the patients have been radically cured or notably benefitted, would seem to recommend this operation.

9th. Forced dilitation is indicated in other rectal troubles where there is pain and stricture.

Remarks on the Naso-Pharyngeal Douche. By Schalle, (*Berlin Klin. Wochenschr. No.* 31 *Page* 450, 1877).—The nasal douche requires the following precautions to prevent possible accidents:

1st. The injected fluid should never consist of pure water alone, which swells the nasal epithelium. One half per cent. of salt or of some other medication should be added.

2nd. The liquid should be at least luke-warm.

3rd. The liquid should be of pure quality, and the instruments used should be clean and in good condition.

4th. The degree of permeability of the anterior and posterior nasal openings should be first ascertained.

5th. The injection should be commenced in the nasal canal the least pervious.

6th. The elevation from which the liquid falls should not be higher than the patient can reach.

7th. The patient should breathe freely and naturally before the operation; for otherwise a sudden inspiration might exaggerate the opening of the Eustachian tube.

8th. The head should be held horizontally, when the jet enters the nostril, to prevent the liquid from reaching the frontal sinus.

9th. The douche should be repeated only at intervals, and its use at a sitting should not be prolonged.

10th. At the beginning the fluid should be injected slowly.

11th. The operation finished the patient should blow the nose and swallow with the mouth closed.

12th. On the appearance of the least symptom of disturbance the organs of hearing should be examined at once in order to prevent the development of otitis. J. D. FISKE, M. D.

REPORTS OF SOCIETIES.

MEETING OF THE ACADEMY OF MEDICINE, OF BALTIMORE.

(Reported for the Maryland Medical Journal.)

The Academy of Medicine convened on the night of the 4th of December, with the President, Dr. McSherry, in the chair.

The president, Dr. McSherry, read a correspondence between Dr. O'Gorman, of Newark, N. J., and himself in regard to the illness and death of the late Archbishop Bayley. This eminent prelate had been in failing health for several years, suffering with very variable symptoms, in which the nervous and circulatory systems were principally involved. There were occasional attacks of asthma, and indigestion, and indications of atheromatous or fatty degenerations. The Archbishop had inherited a tendency to gout, and though this disease was never obviously developed, he had all that manifestation of the inheritance in the various erratic forms of suffering so well described by Fothergill under the name of *lithiasis*.

The autopsy revealed hypertrophied heart, with fatty degeneration, hypertrophied liver with fatty degeneration, some recent pleuritic effusion, and a firmer adhesion of the capsules of the kidneys to those organs than is found in health, though neither the cortical nor medullary structure showed any appreciable lesions. The lungs were

not diseased. The post-mortem examination was necessarily limited to the viscera of the chest and abdomen.

Dr. Wm. Lee reported a case of obstinate vomiting, in a patient three and a half months pregnant. Vomiting continued incessantly through five days, and the patient became extremely prostrated. The various remedies had been tried with repeated failure. The Doctor at last resorted to the use of ingluvin, which at once arrested vomiting and he believed saved the life of his patient. Dr. McKew remarked that he had treated a case of similar character to the one reported by Dr. Lee, and that he had used the liquid from the chow-chow pickle with immediate relief. Vomiting was frequently controlled by domestic remedies when medicine often failed. There is no specific for vomiting in pregnancy.

Dr. Chas. O'Donovan reported a case of alcoholism in which the patient had sixteen convulsions during the night. The patient was speedly relieved by use of Majendie's sol. of morphia administered hypodermically.

Dr. S. C. Chew exhibited a specimen of an invaginated intestine which had passed from a child during life. The patient, a child five years of age, had suffered several days before he was seen by the attending physician Dr. Councilman. There were unmistakable symptoms of intestinal obstruction which continued through nine days; at the expiration of that time a portion of the intestine measuring fourteen inches in length was passed and symptoms of obstruction disappeared. Two copious evacuations from the bowels occurred. At the expiration of three weeks, peritonitis suddenly supervened and the patient died. A post-mortem examination revealed the following condition: At the point of obstruction cicatrization had taken place between the divided ends of the intestine, the adhesions being of recent formation a small rupture had occurred which allowed the contents of the bowel to pass into the abdomen and occasioned fatal peritonitis.

PROCEEDINGS OF THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

[*Reported for the Maryland Medical Journal.*]

The meeting being called to order at the usual hour on Thursday night, Nov. 29th, by the President Dr. Murray, and the usual preliminary business disposed of, the relation of cases was declared in order,

and Dr. J. F. Monmonier related his treatment of a number of cases of hydrocele. The doctor advised strongly the injection, into the sac, of *undiluted tincture of iodine*, it having been more successful in his hands in obtaining a radical cure than any other means.

Dr. Lynch thought that the occurrence of a consequent orchitis in so large a proportion of the cases treated by Dr. M., (33 per cent.) should incline us to use less heroic measures.

Dr. Friedenwald related two cases of diabetis mellitus successfully treated with acidi carbolici gttj. ter in die. Dr. Wilkins had used lactic acid, with success in the same disease.

Dr. Theobald related a unique case of lens extraction. The patient, a gentleman, was sparring with a friend—when he received a slight blow upon the eye, supposedly with the finger nail. It was regarded as such a slight matter that a physician was not consulted, and for several days the eye was unprotected from the light and air. During this time the gentleman visited Wilmington, riding upon the engine, he being a stranger, and desiring to see as much of the country as possible. Upon his return he consulted Dr. T. and he discovered that the lens had escaped in its capsule through a linear incision in the cornea, which had healed nicely. The patient left the city again in a few days, and up to the time of his departure had experienced no trouble.

Dr. E. G. Welch had lately removed three small pieces of brick from the lower eyelid of a man, who had three years before received a scalp-wound by being struck with a brick. There had been no wound of the eyelid, nor in its neighborhood.

Dr. T. R. Brown exhibited a very interesting specimen of cancer. The disease had attacked the cervix uteri and secondarily (the intermediate tissue being healthy), the ovary, periovarian cellular tissue and a portion of the internal iliac artery. The kidney was also involved.

Dr. Chisolm mentioned a case of corneal wound received by the man thrusting his head through a pane of glass; no injury of the face accompanied it.

Dr. Rohé exhibited a new Ether Inhaler which he claimed gave the most satisfactory results. It consisted of a non-elastic rubber bag lined with flannel and supplied with a soft-rubber face-piece, which fits closely to the face. Two or three ounces of Squibb's Ether are poured into the bag and the face-piece adjusted so as to exclude the air. Anæsthesia is easily and *safely* accomplished in an average time

(in Dr. Rohé's hands) of *four and a half minutes.* The excessive carbonization of the blood and the congestion of the head and face that occur with other inhalers, is not observed with this. The Doctor claimed that if ether can be used as satisfactorily as chloroform, it is our duty to give the preference to the former, it being much the more safe.

MEETING OF THE CLINICAL SOCIETY OF BALTIMORE.

A meeting of the Clinical Society was held December 7th, at 8–30 P. M., the President in the chair. After reading of minutes and finishing of preliminary business, the members were called upon to relate cases which might be of interest to the Society.

Dr. Theobald recited a case of a colored woman who had presented herself for treatment, suffering from syphilitic keratitis. She had plainly marked notched teeth, but the most striking point in the case was that the patient when 13 years old had lost all the hair on her head, having neither eye-brows nor lashes.

Dr. Atkinson related a case of syphilis in which from continual use of syrp. iodide iron and iodide of potassa, acute pain was felt in knees of the patient and was not cured until the medicine was stopped.

Dr. Chew, called the attention of the Society to a case of thoracentesis, which he had reported about a year ago.

At that time 81 ounces of a serous fluid had been removed at one tapping, much to the relief of the patient, who left the hospital soon after apparently well.

The man had returned a short time since suffering in the same way when 52 ounces of fluid were removed, and again a week later nearly the same amount. After the second operation the patient again left the hospital.

The point of interest was the relief occasioned by the first operation which had lasted a year, whereas only a week intervened between the second and third operations. The character of the fluid had changed from serous to sero-purulent.

Dr. Barton, related a case of singularly happy result, in a case of acute bronchitis, from the use of iodii bromidum. The patient for a week had suffered all the inconvenience accompanying a bad cold, including coryza with painful and distressing cough. One dose of 3 j iodii bromidum was given at night. Patient slept well and awoke next morning entirely well. All symptoms had disappeared.

Dr. Hill, related a case of effusion into the left pleura successfully treated with salicylic acid. The medicine was given with marked relief for ten days, after which three quarters of the effusion had disappeared. Jaborandi had been also given producing profuse perspiration. In answer to a question whether the jaborandi had not been the active cause of the diminished effusion Dr. Hill said he had concluded the salicylic acid had been the chief cause of relief because it had been prescribed several days before the jaborandi, and at a time when the symptoms were so distressing thoracentesis was contemplated. These distressing symptoms disappeared before the jaborandi was used.

Dr. T. R. Brown, related a case of a white woman 41 years old, while carrying something down stairs, fell five steps, striking her left side. She was rendered helpless for a few minutes, and suffered much pain in her left hip till next morning, but was then able to go to work. The next day she took a long walk, and on returning home lost her balance. Several days after, while stepping down from the side walk her leg gave way under her and she was found in this position by a policeman.

As far as could be made out from the history of the case, Dr. B. thought it an intra-capsular fracture of the neck of the femur of several days standing which had only made itself apparent the day the patient stepped off the side walk.

Dr. Christopher Johnston read a paper upon the surgical treatment of croup and diphtheria. The announcement of such a subject to be treated by Dr. Johnston, had called together a large number of members who were fully repaid by the able manner in which it was done. A short report would scarcely do justice to the paper, more especially as a future number of your *Journal* is to print it in full.

Dr. Johnston, did not advise tracheotomy as a curative measure in diphtheria, his experience being decidedly against it.

Dr. Arnold said he was glad to have the opinion of such an able surgeon as Dr. J. upon this point. A physician might feel that he had not done his duty if tracheotomy could be of use. After hearing the paper his conscience would be at rest.

Dr. Erich had seen marked relief in diphtheria from the application of argenti nitras. (℥j-℥j) to the glottis, after the administration of an emetic. Remarkable cures had resulted.

R. B. MORISON, M. D.

SELECTIONS.

THE ANTISEPTIC DRESSING OF WOUNDS.

BY JOHN CHIENE, ASSISTANT-SURGEON, EDINBURGH ROYAL INFIRMARY.

[*Read before the Medico-Chirurgical Society of Edinburgh 7th, November* 1877.]

Antiseptic surgery at present labours under two disadvantages: the expense of the dressings, and the constant necessity for using a spray-producer.

These objections would be overcome by any one who believed in the necessity of preventing putrefaction. Unfortunately, the majority of the profession do not believe in this necessity; or if they believe in the necessity, do not believe that the methods recommended can prevent putrefaction. It is therefore self-evident that a decrease in the expenditure and a simplicity in the application may encourage the profession to give this method of treatment a trial; and after they have tried it and seen the results, they may then be led to believe the truth of the principle on which it is founded.

The object of this short communication is to lay before the Society certain considerations, which, if adopted, may, in the first place, lessen the expenditure; in the second place, do away with the constant necessity for the spray. These considerations have occupied my attention for some years, and as opportunity offered, in the Clinical Surgical Wards, I have by experiment tested their practical utility.

First, The Lessening of the Expenditure.—There can be no doubt whatever that a very great increase in the expenditure has lately taken place for surgical dressings. The dressing that is now almost universally used is Lister's Antiseptic Gauze. To decrease the expenditure, three methods are available: First, to cheapen the gauze dressing; second, to use a cheaper material than gauze; third, to use a more durable material than gauze. The cost price of the charged gauze in the Edinburgh Infirmary Wards is at

present 2¼d. a yard; and it is difficult to see how the cheapening process can go on much further. In order to obtain a cheaper material than gauze I have during the last two years, along with Mr. Gunn, in the laboratory of the Edinburgh Infirmary, been experimenting with different varieties of paper. Paper impregnated with carbolic acid, and with salts of carbolic acid, has been tried upon wounds in the Clinical Wards; but at the present moment I cannot say that I have yet obtained a paper dressing as efficient and cheaper than the antiseptic gauze. I hope, however, to continue these experiments during the ensuing winter, and to lay the results before the Society at some future time. Along with these experiments, I have been using systematically, since 1875, sponges wrung out of 1 to 20 carbolic lotion, and applied over the deep dressing before the application of the outer dressing; by this means I have been enabled to lessen materially the quantity of gauze used at each dressing. I have further been enabled to dress the wounds less frequently than before. The sponges improve with use. If obtained at wholesale prices from dealers in sponges, and if small sponges are used, they can be obtained at a remarkably cheap rate. The authorities of the Royal Infirmary of this city obtained for me, for 3s. 6d., 60 small sponges weighing 1 lb. The smaller the sponges, the more easily they can be applied. These sponges may be stitched together, forming a layer; or they may be laid singly on the deep dressing, and held in position by the outer dressing. Before application, the carbolic lotion must be squeezed from the sponge. The sponge is applied practically dry. The channels in it by capillarity suck up the fluid discharges; and if a catgut or horse-hair drain is used, the sponge may be looked upon as a direct continuation of the catgut or horse-hair drain; or if an indiarubber drainage tube is used, the power of the sponge may be likened to the suction power of a syringe on drawing up the piston. It is evident, then, that the use of the sponge has other advantages besides decreasing the expenditure, and I would strongly recommend their systematic use in the antiseptic treatment of wounds. It is no uncommon thing to find that the spongy layer, acting as a reservoir, is so saturated with the discharge that the external

gauze dressing is little altered; and I have frequently, in large recent wounds, squeezed from the sponge from six to ten ounces of dark-coloured serum, which must of necessity, if the sponges had not been used, either have remained in the wound, causing tension, or have passed into the gauze dressing, necessitating its removal at an earlier period. The sponges not only decrease the expense, but they lessen the risk, and save time and trouble by reducing to a minimum the dressing of the wound. They have another manifest advantage in cases in which bleeding is feared; the resiliency of the sponges enables the surgeon to apply firm pressure without injury.

Second, Is there any way in which the surgeon may dress his wounds without the constant aid of the spray producer?—Mr. Lister long ago demonstrated that the spray is not required during the dressing of a superficial wound, as an ulcer. Can we in any way so alter the external conditions of our deep wounds that they will resemble a superficial? If this can be done, then the spray will not be required as long as these conditions are kept up. During the last two months I have attempted in several cases to comply with these conditions. My success has been such that I feel justified in stating the simple method adopted. The cases were a parotid tumour, an excision of an epitheliomatous tumour of the arm, an amputation of a great toe, and excision of the elbow-joint. In these cases a permanent deep dressing was applied on the day after the operation, and fixed in position either with a bandage or with some sticky material, such as Canada balsam, or a solution of guttapercha in chloroform. From the experience I have had in these cases, I am of opinion that if the dressing is so arranged as to be perfectly porous, and if an absorbable method of drainage is used, as catgut, it will not be necessary to remove the deep dressing until the wound is superficial. As long as the deep dressing is in position, the spray will not be required. All that is necessary is to remove the outer dressing when the discharge reaches its edges; to damp with carbolic lotion and salicylic paste the deep dressing, and to apply anew an external dressing. It must be remembered that the deep dressing has lost its antiseptic qualities, while it remains as long

as it is covered by the outer dressing, perfectly aseptic. It must, therefore, be thoroughly damped with carbolic lotion whenever it is exposed to the atmosphere, in order to destroy any mischief that may have fallen upon it during the exposure, and in order to render it actively antiseptic, so that when the dry gauze dressing is applied over it, no mischief may pass from it through the deep dressing into the wound. The spray is used at the operation and at the first dressing, and afterwards only when the deep dressing is removed. I have found, as yet, a gauze bandage the most suitable method of fixing the deep dressing on the limbs. This method is therefore available in all operations on the limbs. A bandage may also be used in many wounds of the trunk. In some, however, it cannot be satisfactorily applied, and some trustworthy adherent material has yet to be found which will fix accurately the edges of the deep dressing to the skin, leaving the centre of the dressing porous, so as to allow of the free escape of the discharges. This method has another advantage; it approaches more nearly to the perfection of healing by "scabbing," and the wound is not irritated by the carbolic spray when exposed by the usual method.

I am well aware of the imperfections which have yet to be overcome, but any considerations which have for their basis the lessening of the expense and simplicity in application, will, I believe, further the advance of the antiseptic system.

NOTE.—In the discussion which followed the reading of this paper, Dr. Watson alluded to the importance of seeing the wound and to the important practical question—are the pulse and temperature sufficient indications that there is no tension? In my reply I forgot to take notice of this, and it may perhaps be well here to state, that if there is neither a rise in pulse nor temperature, and if there is no pain in the wound, in my opinion the drainage may be considered to be efficient and the wound free from tension. *Edinburgh Medical Journal*, Dec. 1877,

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TUBERCULAR MENINGITIS.—Dr. Reginald Southey, physician to St. Bartholomew's Hospital, records (*British Med. Journal*, Oct. 20 and 27, 1877), four cases of tubercular meningitis in adults, and in commenting upon them says: Tubercular meningitis is

apt to be misunderstood in the adult, because the symptoms have been indistinctly pronounced, or carelessly observed; but the atter is the more common error. If the entire history of the illness be truthfully elicited, it is usually too significant to admit of wrong interpretation; but towards a correct diagnosis of this, as of every other disease, careful clinical observation is requisite.

The cases narrated, and some others which I have in my possession, enable me to summarize, as follows, the more ordinary symptoms that mark the invasion of tubercular meningitis in the adult.

1. *Headache* is certainly the most invariable symptom; seldom, if ever, absent; never wanting in any case I ever watched.

2. *Vomiting*, *constipation*, and *fever* are present, attended by no characteristic rash.

3. Peculiarity of temper and conduct, occasionally confusion of ideas, and slightly transitory delirium, are also symptomatic of this disease.

4. There are general muscular pains, followed first by stiffness, and then by slight paralysis, as shown in the imperfect co-ordination of the muscular movements, in tremblings and in twitchings. The muscular pain and stiffness are often first complained of in the nape of the neck, and then in the muscles of the back.

5. *Slight epileptiform convulsions are observed, followed by paralysis of motion in the limbs or parts convulsed;* this paralysis being most usually of a transitory or temporary kind. Among the paralysis most frequently noticed and characteristic, I may single out those affecting the optic commissure and oculo-motor tracts, causing a slight internal squint, with dilated inactive pupil of one eye, with drooping of the same eyelid, and paralysis of the facial nerve upon one side. The paralysis of the limbs, although usually a hemiplegia, is seldom one that invades the body upon one side in its entirety. Further, its mode of attack is gradual; usually the arm and leg are affected upon the same side, but the facial muscles are not involved. First there may be inertness of the arm, then of the leg, then complete loss of power; but the arm and leg may be fully extended, and never moved, although pinched and stimulated. Then the right leg may re-

cover and the left arm be implicated, so that an apparent cross paralysis may exist; or the right arm and left leg, or right leg and left arm may be so affected consecutively. The limbs which have been paralyzed, although they may recover some power, are seldom afterwards well co-ordinated in their movements.

6. Hyperæsthesia of the skin generally appears coincidentally with peculiar mental phenomena; as, for instance, conduct obstinate and unaccommodating, and a temper quite altered from that which in health distinguished the individual, a maintained attitude of dogged resistance to whatever he or she is asked to do. Very little nourishment is voluntarily taken. The abdomen becomes retracted, and the aspect of the patient, with half-open eyelids, or some slight paralysis of these, become highly diagnostic.

7. *Continued drowsiness* is observed. The patient shrinks from all disturbance, and shrieks out when roused sufficiently to move or perform voluntary acts. From this drowsiness, the step to coma and death is seldom many hours distant.

The history of the case usually records an illness that has endured some two or four weeks, but one which has not attracted much attention until distracting headache with some delirium at night has supervened. Two cases I have seen were mistaken for neuralgia and hysteria, one for typhus. If, however, in these later stages, the diagnosis is usually all too certain and assured, we may well ask if, in the earlier stages, the clinical symptoms do not sometimes suffice to indicate the exact situation of the pathological lesions. Approximately, and with some likelihood, I should answer that they do; but with no positive certainty.

In those chronic, insidious, and from their peculiar mental phenomena, most problematical cases, where there is no paralysis until the final coma, it is usual to find the tubercular meningitis principally limited to the surface of the brain; slight, too, in its amount, consisting of small opaque patches of the pia mater, attended by really very little lymph effusion; and one discovers the tubercle formations only by careful microscopic examination of the walls of the blood-vessel. If the organs of vision are involved, and there exist during life squinting or any paralysis of the

muscles which move the eyes or eyelids, the base of the brain is pretty surely the seat of tubercular inflammation, and of secondary lymph or pus exudations. Again, if there exist paralysis of the limb or of one side of the face, one may expect to find matting together of the bloodvessels in the opposite Sylvian fissure, tubercles upon the bloodvessels and dropsical œdema of the choroid plexus, and softening, with capillary blood extravasations, from the size of a pin's head to that of a split pea, in the corpora striata. More especially is this rendered probable when convulsive attacks have preceded the paralysis.

More than this in diagnosis, it is true, may be achieved; thus implication and degeneration of special cranial nerves may occasionally be shrewdly foretold before death and discovered at the autopsy; and, similarly, implication of the spinal cord may be surmised, in some instances, from the symptoms.

The pathological sequence of events that follow the tubercular formations on the walls of tiny bloodvessels are twofold; blocking up of the blood-channels and arrest of the blood-supply, anæmia of some parts of the cerebral substance, œdema and tiny capillary extravasations of others; diapedesis of white cells, softening of tissues, exudation (as it is called) of lymph. Drowsiness, is, perhaps, produced by general brain anæmia; the peculiar mental phenomena may own a similar origin. The coma is most likely due to brain-pressure consequent upon dropsy into the ventricles of the brain.—*Monthly Abstract, Dec.*

Death under Ether at the London Hospital.—An old man, sixty-nine years of age, was admitted into the London Hospital on May 12, suffering with obstruction of the bowels. He appeared old, even for his age. He was in considerable pain, which was referred chiefly to the right iliac region, and there was some tenderness also in the same place, as well as over the rest of the abdomen, which was distended and tense. It appeared from the history that the symptoms dated from two days previously; he was the subject of hernia, which came down from time to time, although he wore a truss. Two days before, his hernia being down, he reduced it, the reduction causing pain. He

had been sick previous to the reduction, and the vomiting and pain prevailed afterwards. The surgeon to the case diagnosed a reduction *en masse*, both from the history and also the appearance of a depression in the integument over the external ring; and it was thought that some portion of an old sac, which was adherent to this integument, had been reduced, and was dragging upon the integument, and so giving rise to the depression or dimpling of the soft parts. With a view to get the hernia down, and to obviate the struggling which the pain of this process gave rise to, ether was administered. Clover's inhaler was used. For about thirty seconds he inspired only his expired air; he then had, for about a minute, one-quarter to a half ether. There was some struggling at the commencement, and he did not breathe in the ether well. The mouthpiece was therefore frequently removed from his face. The amount of ether was then diminished, and as his lips looked blue it was entirely stopped; his breathing improved a little, but was not quite satisfactory. His pulse gradually became weaker, and finally stopped; respiration, however, continuing for thirty seconds or more. Sylvester's method of artificial respiration and galvanism were resorted to without success. The post-mortem examination showed that a large coil of small intestine had got caught in a figure-of-eight-shaped loop of mesentery adherent by both ends to peritoneum under the above-mentioned pouch. The intestine was very much inflamed and of a deep purple colour. Left ventricle uncontracted and flaccid. Lungs: Extreme emphysema, and containing little blood. Slight bronchitis. It would seem as though the man died more of shock than of ether. The jury also held this view, and returned—"Death from natural causes."—*Medical Times and Gaz.*

The Employment of Anæsthetics in Labor.—M. Piachaud read a paper before the International Medical Congress of Geneva, in which he advanced the following conclusions:

1. The employment of anæsthetics is, as a general rule, advisable in natural labor.

2. The principal substances which have been used for this purpose up to the present time are ether, chloroform, amylene,

laudanum, morphia hypodermically, chloral by the mouth aud by injection.

3. Of these chloroform seems to be preferable.

4. It should be administered according to the method of Show, that is, in small doses at the beginning of each pain, its administration being suspended during the intervals.

5. It should never be pushed to complete insensibility, but the patient should be held in a state of semi-anæsthesia, so as to produce a diminution of the suffering.

6. The general rule is never to administer chloroform except during the period of expulsion; but in certain cases of nervousness and extreme agitation it is advantageous not to wait for the complete dilatation of the os.

7. Experience has shown that anæsthetics do not arrest the contractions of the uterus or abdominal muscles, but that they weaken the natural resistance of the perineal muscles.

8. The use of anæsthetics has no unpleasant effect on the mind of mother or upon the child.

9. In lessening the suffering, anæsthetics render a great service to those women who dread the pain; they diminish the changes of the nervous crises which are caused during labor by the excess of suffering; they make the recovery more rapid.

10. They are specially useful to calm the great agitation and cerebral excitement which labor often produces in very nervous women.

11. Their employment is indicated in natural cases until the pains are suspended or retarded by the suffering caused by maladies occurring previous to or during labor, and in those cases where irregular and partial contractions occasion internal and sometimes continuous pain, without causing progress of the labor.

12. In a natural labor, chloroform should never be used without the consent of the woman and her family.

M. Courty advocates the use of chloroform. He thinks it indicated when the pains are very great and irregular, or where the patient demands it.

M. Leblond prefers to use the hydrate of chloral.—*Gazette Medicale*, Oct. 20, 1877.

SIGNS BY WHICH PHTHISIS IS RECOGNIZED IN ITS EARLIEST STAGES WITHOUT THE AID OF PHYSICAL EXAMINATION OF THE CHEST. (*The Medical Record*, September 1, 1877).

1. Retraction of the skin over the cheeks.

2. Cerulean hue of the sclerotic, due to anæmia of the conjunctiva.

In bronchitis and emphysema there is conjunctiva, and also in the later stages of phthisis:

3. Atrophy of the lips, of the ears, and a thin pinched appearance of the nose. Wherever the skin closely covers cartilages, as in the ears and nose, a showing through, as it were, of the cartilaginous framework is one of the earliest signs of loss of flesh.

4. Pallor of the cheeks and face as compared with each other and with the malar surfaces.

5. Dilatation of the nostril upon the affected side. This is the case in all pulmonary affections, but especially in the earliest stages of phthisis.

6. The respiration is invariably accelerated, and the disturbance affects expiration as well as inspiration. In certain nervous disturbances the respiration is accelerated, but it is the inspiration only which is at fault.

7. Sinking of the clavicle more upon the affected side than upon the opposite, and giving the appearance of having a very long neck.

8. Great hyperæmia of the pillar of the fauces, present long before the pulmonary disease manifests itself, and continuing until pus is expectorated. When purulent expectoration is established, decomposed pus irritates the throat, and then the other parts usually become hyperæmic.

9. Intense congestion of the throat, early hoarseness, and vomiting are unfavorable symptoms, and indicate enlargement of the bronchial glands. This vomiting is caused by pressure upon the pneumogastric by the enlarged glands. A large proportion of phthisis cases will tell of having had sore throat for a number of years previous to the development of any chest symptoms.

Death from the Inhalation of Ether.—We regret to have to record a case in which the administration of ether terminated fatally, and which occurred in the practice of Dr. G. M. Lowe, of Lincoln. The patient was a lady forty-eight years of age, who had discharged the duties of a governess in the family of Dr. Dowe, and had for some time past been suffering from cancer of the breast. A consultation was held, and the removal of the tumor determined upon. The administration of the ether was confided to Dr. Mitchinson, who had had large experience in its employment. All proper precautions appear to have been taken Dr. Mitchinson examined the heart, and, finding it rather feeble, directed the patient to take a little brandy and water. She was quite cheerful, though somewhat nervous. Half an ounce of ether was poured on the inhaler, which was placed over the mouth in the usual way. The valves were open, and gave free ingress and egress to the air. After a few inhalations the patient's face suddenly became turgid and the hands white. The inhaler was at once removed, and the tongue brought forward, cold water dashed over the face, and the chest rubbed with brandy, but the breathing became stertorous, the face more and more congested, the pulse failed, there was an effort at vomiting, and death took place within a few seconds.—*Lancet.*

ABSTRACTS AND EXTRACTS.

Fractures.—At the meeting of the Central Kentucky *Medical Association*, in July, Dr. Cowling read a paper on "Fractures" in which he treated the matter in the form of aphorisms, these relating to treatment.

Allusion was made to the great difference of opinion existing between surgeons and schools upon the most fundamental principles in connection with fractures, in prognosis and treatment, the multiplication of splints, etc., and the tendency to forget that the indications in the treatment of all fractures are the same. He thought that a series of aphorisms on the subject would be useful, as, if not agreed to, they would still present propositions for discussion. The aphorisms which he would offer, he said, were such as he had been led to adopt

from experience, and the following in the main covered the ground.

APHORISMS.

That in the diagnosis of fractures, while crepitus was the most satisfactory sign, it was not always necessary or desirable to elicit it. Thus the physiognomy of fractures at the lower end of the radius determined the nature of the lesion ; that this, with subjective symptoms, gave the diagnosis of fractures of the femoral neck ; that in fractures of the outer third of the clavicle, pain was the chief sign ; that in impacted fractures, except to relieve deformity, the fragments should not be unlocked, and hence crepitus could not be obtained. That the examination (as well as the dressing) of fractures is best done under an anæsthetic. That in simple fractures the prognosis is always favorable, and that improved methods of dressings have necssitated the laws for amputation in compound fractures to be recast.

That the best time for dressing a fracture is immediately after its occurrence, and temporary dresssings are only to be used when permanent ones cannot be obtained. Swelling is prevented by early dressing, and contiguous joints are always to be secured. That comfort is the sign that all goes well, and nothing is gained by frequent removal of dressings to examine the limb. That one of the commonest causes of failure or disaster in fracture practice is that only bone and muscle are considered, and nerves and blood-vessels neglected. That in compound fractures, which should be treated with oakum and the plaster dressings, no truss is necessary under ten days or two weeks. That in cases of consultation the physician should yield to the surgeon, and there should be no-compromise between different modes of treatment. Neglect is the chief plea in suits for malpractice.

That the dressings for all fractures of the forearm are the same, whatever their situation. Special splints for Collis' fracture are useless, compresses unsurgical : the Pistol splint has no effect on the interosseous space, and interosseous pads are obsolete. That the dressings for a fractured forearm should consist of wooden splints, reaching from the elbow to the tips of the fingers, and a little wider than the arm. Either the limb or the splints may be padded, and preferably with cotton batting. It is to be secured with thread, and the arm bandaged over the splints from the tips of the fingers to the elbow. At the end of a week or ten days the splints are to be shortened, so as not to reach beyond the roots of the fingers, and the fingers exercised freely.

The deformities which might result after treatment were pointed out, and the prognosis in these cases mentioned.

That in all fractures near the vicinity of the elbow-joint (and portions of the shaft of the humerus, except that of the olecranon), rectangular splints must be used. These were best made of pasteboard, and the earlier stages of treatment should include the hand. That passive motion is to be instituted early in fracture near the elbow, but more or less stiffness of the joint must be expected.

That fractures of the upper end of the humerus are treated by the shoulder cap, the side of the body serving as an inside splint.

That temporarily, fractures of the clavicle are best dressed with a sling, and body bandage—permanently by Sayre's apparatus. That axillary pads cannot be worn with comfort, and are of doubtful utility.

That the best method to insure against deformity is to fix the scapula. That deformity is likely to remain if it show much at first. That fracture of the outer clavicle is frequently overlooked; that pain is its chief symptom.

Concerning fractures of the lower extremity, the discussion of which occupied the greater part of the paper, he gave the following as the chief aphorisms for their management.

That the question of continuous and active extension and counter-extension in this class of fractures could only seriously arise in fractures of the thigh. That in these, beyond the primary manipulation necessary for reduction, active extension can only be called for in the rarest instances.

That extension and counter-extension practiced by means of the long splint with perineal band, etc., or by the various apparatus which are constructed on the same principle, are generally inadequate for the purpose for which they are designed. That if they are so applied as to exert sufficient force on the muscles to effect the object, they soon become unbearable to the patient, and if this force is prolonged for any time, they are liable to cause injury to the soft parts. They quickly become disarranged, and require constant professional oversight. The main advantage the long splint may have is in preventing angular displacement.

That whenever active extension is required, there are but two methods worthy of consideration—one by Smith's anterior splint, or by instruments constructed on the same principle, and the other by Gurden Buck's weight and pully.

That the normal length of the limb is best restored by the early apposition of the fragments, immobilization, and the proper control of muscular activity.

That the plaster dressing is the proper dressing for all fractures of the lower extremity; that it fulfils the indications for extension and counter-extension generally far better, but always as well as that obtained from the use of any other means. That the comfort afforded the patient and surgeon is infinitely in its favor. That the results secured from its use compare favorably with those of any other method. That in compound fractures it is unrivalled. That deformities, or worse, accidents, which may have happened at times to cases in which it was employed, may be traced to its improper application, or to causes which would have operated had any other method been used.

Explicit directions were given concerning the manner of properly applying the dressings, and the relative merits of the several articles in use for imparting the requisite stiffness to the bandages were enumerated. Of these articles he expressed a decided preference for plaster of Paris.

Emphasis was laid, by frequent allusions, on the fact that the comfort of the patient under this treatment was a certain mark—that no anxiety or doubt need be felt as to the favorable progress of the case.

On the Rational Treatment of Dysentery.—In the Philadelphia *Medical Times*, October 27th, Dr. H. C. Wood prints an admirable paper on this subject, with cases, which we give, in part, as follows:

Every practitioner of medicine must be acquainted with the fact that anginas or sore throats are divisible into two classes,—those which are mere local inflammations and those which are the expression of a graver malady, *i. e.*, of a constitutional condition, or, as the fashion of the day terms it, a blood-poisoning.

It may not be equally well recognized, but it seems to me equally true, that all dysenteries may be similarly divided. One man is exposed to wet and cold and gets a sore throat, while his neighbor, under a similar influence, falls ill of dysentery. One man is thrown in contact with the diphtheritic poison and gets a constitutional sore throat, whilst another takes in the infection of a crowded, unclean camp and suffers from a constitutional dysentery.

Any practitioner called to treat a severe simple angina uses both constitutional and local measures; but it is scarcely a mis-statement to affirm that the chief reliance is always on the nitrate of silver or other

local remedies which are employed. Even if the sore throat be the local manifestation of a constitutional disorder, local applications are made by almost every physician, and by many they are used very energetically.

If we turn to inflammation of the other end of the alimentary tube, we find the treatment in vogue very different from that practised in anginas. Local measures (except the use of opium) are employed very imperfectly, or, in the vast majority of cases, not at all. The object of the present communication is to call attention to this anomaly, and to enter a plea for the energetic and wide-spread trial in colitis of local treatment.

This disuse of local applications in dysentery is largely, no doubt, the result of our former inability to make applications to any other than the extreme lower portions of the colon. By the use of forced enemata, so called, we are now, however, able to reach every part of the large intestine.

In giving such injections, it should be first remembered that the name is a misnomer; that no force should ever be used. The patient should be brought to the edge of a hard bed, placed in a position somewhat resembling that of a lithotomy, his buttocks resting upon a hard pillow in such a way as to elevate the pelvis and cause the injected fluid naturally to flow downwards and inwards. A well-oiled, smooth, some-what flexible, hard tube, with openings in the sides (an œsophageal tube will answer well), and with a closed end, must then be gently and slowly introduced from eight to twelve inches into the rectum. The free outer end of this may be connected with a Davidson's syringe, and the fluid thus be slowly pumped in. A better plan is to unite it with a flexible india-rubber tube, in the end of which a funnel is inserted. This being elevated five or six feet, the water is poured in, and by its own weight, with irresistible gentleness, forces its way into the gut. Instead of a funnel being employed, the tube may be so arranged as to empty a bucket or other reservoir of water placed five or six feet above the patient. A direct connection may be made, or the principle of the siphon taken advantage of. Finally, the so-called fountain syringe may be substituted. In any case the liquid should be about the temperature of the body, so as not to provoke peristalsis by the stimulus of heat or of cold.

Our experience with other portions of the body would teach us that different forms and stages of dysentery require variety in the character and strength of applications. This no doubt is the case; but my ex-

perience in angina led me at once to fasten upon nitrate of silver in these experimental trials, and this remedy has worked so well that with the few opportunities offered no other has been applied.

Drachm doses of the nitrate have in no case produced any constitutional symptoms, and doses of less than forty grains have not accomplished much good. Twenty-five grains to the ounce is a very common strength for use in angina, and when a drachm of the nitrate is dissolved in three pints of water for an injection, the strength of the solution is only a little over a grain to the ounce. The period of application is, however, much longer than in the case of the throat, and the mucous membrane of the gut is probably more sensitive. The injection usually comes away in from five to ten minutes, but I have often seen it retained twenty minutes. I have always provided common salt, so that a solution of a chemical antidote could be at once thrown up the rectum if symptoms of general action were developed. No occasion has ever occurred for its use, but in the present stage of our experience it would perhaps be safer to use the salt, if at the end of ten minutes there were no indications of the expulsion of the silver solution.

(Note.—He here reports cases successfully treated in the manner described.)

Chronic diarrhœa, so called, is undoubtedly in the majority of cases, really a chronic dysentery, *i. e.*, a chronic colitis. Notwithstanding all that has been written, a considerable experience in my own practice and that of others has convinced me that it is not always possible to make a positive diagnosis in this class of cases as to the seat of the affection. When the disease is an enteritis, injections must fail to reach the affected part, and consequently fail to do good. This introduces an element of uncertainty into the results of treatment, and must be expected to give rise to an occasional disappointment.

He directs special attention to the fact that of the six cases, reported in this paper, four of them were in the hospital from one to seven weeks, and had been treated with the ordinary remedies for chronic dysentery before the nitrate of silver was used; and that there was no change of diet at the time of injection, and that no medicine, save a little opium, was given by the mouth, yet four injections, at most, suffered for the worst case. He found that small doses failed almost entirely, yet yielded readily to injections of forty grains of the salt.

Dr. Suesserott, of Chambersburg, Pa., writing to Dr. Wood, in reference to the above paper, says he has been in the habit of using

"a cathartic that will act on the entire length of the alimentary canal, one that stimulates the liver, so as to secure the effect of the newly-secreted bile on the inflamed mucous membrane, and also by its action on the lower portions of the tract remove any matters that might be morbific agents. This to be followed by an often-repeated appropriate dose of laudanum. For an adult he prescribed hydrarg. chlor. mite, gr. viij, pulv. aloes, gr. x, pulv. rhei, gr. xii, to be taken at one dose, and, after *two* free evacuations, tinct. opii gtt. x to be given *every hour* until all disposition to go to stool shall cease."

He says he has used this remedy for years, modifying it according to the age and circumstances, with gratifying results.

Another prescription he uses is, for an adult, one-quarter grain muriate morphia combined with four or five grains of common table salt, to be repeated every three hours until dysenteric symptoms disappear. This mixture, modified to suit the age of patient, he says, gives uniformily good results in those cases of dysentery following the diarrhœa of infants.

Method of Arresting Hemorrhage after Excision of the Tonsils.—In removing the tonsils with the guillotine, it is important to remember that the organs are situated obliquely, like the pillars of the soft palate; more pressure should be made upon the lower than on the upper border of the instrument, and the tonsil will then be readily seized. It is better not to attempt to remove the whole of the organ, for after the removal of a portion the rest will atrophy, and removal of the whole is liable to be followed by dangerous and very obstinate hemorrhage. The hemorrhage may be due to the existence of inflammation at the time of operating, which inflammation also has a tendency to make the substance of the organ friable, so that it will have to be removed in small pieces; hence it is always advisable to defer the operation until the inflammatory stage has passed.

The great danger of hemorrhage, however, lies in the possibility of opening into the rich venous plexous, which lies at the bottom of the tonsillar fossa, and which is very easily wounded when the tonsil is removed entire. The hemorrhage from this source is sometimes extremely profuse, and is kept up by the movements of deglutition and spitting. The bleeding is not always primary, hence it is necessary to keep the patients under observation for a time. Sometimes it recurs after it has been once arrested. All the usual methods of checking

the bleeding are unreliable, with the exception of direct compression made by the finger of the surgeon. The finger should be introduced into the mouth and applied directly to the wound, while counter-pressure is made from in front. This position must be maintained for several minutes, notwithstanding the attacks of suffocation, the efforts at vomiting, and the cough which the method excites. The hemorrhage is generally arrested at the end of two minutes. Dr. Panas, of the Hôpital Lariboisière in Paris, has on three occasions been called on to stop considerable hemorrhages from this cause, and succeeded in promptly arresting them by this procedure.—*Medical Record*, August, 1877.

Elixir Iodo in Gangrene of the Lungs.—Dr. Wm. Jones, of Newburgh, N. Y., read at the last meeting of the Hudson River Eclectic Medical Society, a paper of which we can give a synopsis:

A laboring man residing in the country was attacked with fever attended by a troublesome cough and profuse expectoration of most offensive ordor. There were also extreme debility and prostration—all the symptoms indicating gangrene of the lungs as the primary difficulty. The antecedents of the patient were those of a hard working man who for the sake of accumulating money was utterly regardless of any risk or exposure incurred, and who by a long course of persistent neglect of the most ordinary laws of Hygiene had rendered himself peculiarly liable to just such a malady.

Recognizing the fact that he had a broken-down constitution to deal with, the Doctor first tried the effect of Aconite and Gelseminum for the purpose of stimulating the nervous capillaries to a more vigorous action. A partial success rewarded his efforts—but finding that the benefit was not likely to be permanent, and depairing of final success, he determined as a last resort to try the Elixir Iodo-Bromide of Calcium Compound, frankly avowing that at the commencement he had little confidence in its efficacy, but was induced to use it simply by the numerous recommendations of members of the profession which had been brought to his notice. He began with teaspoonful doses, increasing the quantity *pro re nata*, and in a short time found to his great surprise that his patient was evidently improving. He gained strength—his bowels became regular—appetite improved—his cough was less distressing, and the expectoration, which had been in-

tolerably offensive, greatly lessened and deprived of its characteristic ordor. He took three bottles of the Elixir Iodo, and at the end of that time was restored to his normal health and vigor.

The Function of Lymph in Cicatrization.—Dr. Kœberlé (*Gazette Medicale de Strasburg, and Brit. Med Journ.*) discusses this subject. So long as the flow of blood lasts, that of lymph passes unperceived. It is, however, recognized that, when the lymphatic vessels are wounded, the lymph continues to flow in spite of the compression used to arrest the hemorrhage. This escape is only stopped after the complete occlusion of the lymphatic vessels. At the end of a certain time, this liquid, at first fluid, becomes plastic; it includes fibrine, which coagulates, as is often seen on the surface left by a blister. The lymph, easily becoming puriform, gives rise then to sanies, which, infiltrating into the tissues, may occasion erysipelas, secondary hemorrhages, and other consecutive accidents of wounds. This stagnation of the sanies reveals itself by redness and pain on the point of the cicatricial line. An opening must then be made for its escape. Observation demonstrates that on the median line of the body, where there are few lymphatics, good immediate union is frequently obtained. On the other hand, longitudinal incisions, which affect the lymphatics less, heal better than transverse ones. From these facts may be drawn indications useful for operating; it is to make the incision parallel to the direction of the lymphatics, and to avoid these as much as possible in transverse sections. For the same reasons, it is desirable to seek to spare the areolar fatty tissue which lines the skin when it is dissected, either in removing tumors or in cutting flaps in amputating. If this protective lining be not respected, the lymphatics are slashed and give rise to a flow of the lymph, which is incompatible with immediate union.

EDITORIAL.

Dr. John S. Billings, of the U. S. army, has recently completed a course of lectures on medical education, with reference to the plan to be pursued for the medical department of the Johns Hopkins university, at the Hopkins Hall in this city. The Doctor recommends that the course shall extend through three or four years, or longer if pos-

sible, with examinations at the close of the first year, at the commencement of clinical study, with a final examination at the close of the course so searching in its character as to test the real ability of the candidate's qualification for practice.

He recommends that the university provide facilities for the study of "state medicine" with reference to registration of physicians, statistics, public hygiene, sewerage, ventilation of public buildings and schools; for the study of medical jurisprudence, with special reference to expert testimony in courts of law on insanity and other subjects, and a special course for the education of medical officers of the army and navy. The course was one of great interest and value and was attended by many members of the medical profession in this city.

THE CITY HOSPITAL.—The name of the Washington University Hospital, corner of Calvert and Saratoga streets, has been changed by the Faculty of the College of Physicians and Surgeons, and will in future be known as the "City Hospital." At a recent meeting of the Faculty, a resolution was passed establishing a voluntary graded system in the College as follows:

Resolved, That students are advised to attend three courses of lectures, but are obligated to attend but two; that those who declare a purpose to attend three courses shall devote themselves during the first year to anatomy, physiology, materia-medica and chemistry; the second year to principles and practice of surgery, clinical surgery and obstetrics; and the third year to diseases of women, diseases of the eye and ear, and clinical medicine.

That examination on the above branches shall be held at the end of each course. Students who fail on any of the branches may come forward the succeeding year without loss of time. Failure on the third year's course will entitle them to re-examination.

THE NEW YEAR.—To the friends and patrons of the MARYLAND MEDICAL JOURNAL, one and all, a happy and prosperous New Year!

We can indulge this sentiment and wish with all the more fervor and sincerity inasmuch as they have contributed to the assured success of our enterprise, thus making us prosperous and, consequently, happy. That the full measure of success may be meted out to those whose kindly consideration and generous aid we have so liberally received is our fervent desire.

We shall ever strive to deserve the esteem and support of the profession, everywhere, but prefer to make no extravagant promises for the future, confidently relying on that support which a mature consideration of our efforts may seem to merit.

BRIEFS.

THREE CASES OF ACUTE ARTICULAR RHEUMATISM CURED BY SUBCUTANEOUS INJECTIONS OF COLD WATER.—Since 1869, when Potain made known the results of his experiments with the subcutaneous injections of water, others have been made, and several cases of acute articular rheumatism thus cured have been published in the *Gazz. Med. Prov. Venete.* Dieulafoy has also been able to verify the prompt efficacy of this treatment. Dr. Liron also publishes (*Gaz. Med. de Paris*, August, 1877) three similar cases. The improvement was rapid in all three of them; two or three injections in the vicinity of the diseased articulations sufficed in two of these cases to cause the pain to cease and to restore motion. In the third case a greater number of injections were necessary to obtain a cure, there having been a tendency of the affection to generalize itself; this also showed that this therapeutic measure was not only able to effectually combat the pain, but also to cure the disease. Undoubtedly, a few isolated cases do not suffice to establish the therapeutic virtues of this method; but Dr. Liron thinks the successes obtained by himself and others suffice to call the attention of physicians to a procedure which, from the promptness of the results and its simplicity, may be a valuable resource.—*Gazz. Med. Ital. Venete*, 1877.

DISTINCTIONS BETWEEN CROUP AND DIPHTHERIA.—In the last volume of *Guy's Hospital Reports*, Dr. Hilton Fagge and Mr. Lamb write upon Diphtheria and Croup, analyzing a large number of cases, and arriving at the following cautious conclusions:—

"We find that the attempt to separate from diphtheria a membranous croup in which the fauces remain entirely free from false membrane is beset with difficulties. The cases (which must, then, be called cases of diphtheria) in which the palate and tonsils being but slightly affected, occur almost exclusively in children, and they are seldom, if ever, infectious; whereas pharyngeal diphtheria is highly

infectious. But when one has once admitted that the different forms of diphtheria present different degrees of infectiousness, and that each of them occurs with special frequency, at a particular period of life, one is debarred from insisting on the sporadic character of membranous laryngitis, and the fact that it never arises in the wards of a general hospital is proof that it is distinct. It is otherwise if we allow that the non-specific, simply inflammatory, affection may be attended with the formation of false membranes, even in the fauces. Such a view does away with the very improbable supposition that laryngeal diphtheria differs from the ordinary form of the disease, in being peculiar to children, and in possessing little or no infectiousness, and I think commends itself to us on other grounds also.

Diagnosis of Hip-diseases in Children.—In examining a child suspected to have hip-disease, be careful to place him on something firm and flat; a table covered with a blanket, a leather couch, or the floor. If you use a soft bed, he will sink into it, and you will perhaps overlook even a considerable deformity. Do not be content with anything short of a thorough examination. Do not pretend to say whether a child, whom you have examined with his trowsers on, has or has not hip-dlsease. Let him be undressed, so that you can move his limb without being hindered by his clothes. Girls past early childhood may be fully examined, if you use a shawl or a loose sheet to cover them. 1. You must look for abnormal posture of the limb or of the pelvis; 2. For stiffness of the joint; 3. Observe whether the glutei or the muscles of the thigh are wasted, or whether any, especially the adductors, are rigid; 4. Or whether there is any fossa; 5. Notice the relation of the trochanter to the side of the pelvis as compared with that of the opposite side; 6. Look to the length of the limb as compared with that of its fellow; 7. See how the patient walks, if he is able to do so; 8. If he have pain, learn its situation and its character.—*Howard Marsh, in British Medical Journal.*

Death from Ether.—A somewhat singular death, while undergoing an operation for cataract, under the influence of ether, is reported by the "Chicago Medical Journal." The surgeon had performed an iredectomy on the patient some three months previously, and had then administered ether without any alarming symptoms aving been observed. On the final occasion, after eight or ten fluid

ounces of ether had been consumed, violent coughing ensued, and was soon followed by an extremely livid appearance of the face, and then by cessation of breathing. Artificial respiration, which was immediately practised, soon brought the man round, and the operation was proceeded with and finished. occupying about ten minutes. It was then noticed that the patient was again sinking, and the same means of restoration were resorted to as before, but this time unsuccessfully, death resulting in a few minutes.—*Lancet.*

Chlorate of Potassium in Certain Forms of Diarrhœa.—It is stated (*La Andalucia Medica*, Cordova, August, 1877, p. 174) that Dr. Vonfigli employs chlorate of potassium in the diarrhœas which occur chiefly in cachectic patients attacked with nervous affections, and which consist of very frequent serous evacuations. These diarrhœas, called by the author "vaso-paralytic," are rebellious to treatment by astringents and narcotics, and may be the precursor of death. Experiments have shown that chlorate of potassium increases the contractility of the muscular coat of the vessels, and hence the indication for its use. To obtain the favorable results stated, the drug must be continued for a long time, and in severe cases increased in dose. The dose varies from two to ten grains in the twenty-four hours, according to the individual case. The author thinks that by analogy this treatment ought to be favorable in the diarrhœa of old age, in cholera, and in certain serous diarrhœas of hot countries.—J. B. R. *Phila. Med. Times.*

BOOKS AND PAMPHLETS.

Transactions of the International Medical Congress of Philadelphia, 1877. Edited, for the Congress, by John Ashhurst Jr., A. M. M. D. For sale by Cushing & Bailey 262 W. Baltimore St. Baltimore, Md.

This valuable contribution to american medical literature has at last made its appearance and will be welcomed by the profession with just pride as a correct exponent of the growth of medicine during the first century of this nation's independence. The volume numbers over

one thousand closely printed pages, containing a variety of valuable matter of great interest to the profession. It is difficult to appreciate to anything like the proper degree, the vast scientific value of this volume of Transactions. We have not space to notice in detail each article, but present the volume in full to the Profession as one of the most remarkable collections of valuable matter which has ever resulted from an essemblage of scientific men.

The long delay in the appearance of this volume has been occasioned by the Herculean task required in securing promptness from so many and so diverse contributors. To the editor, the profession owes a debt of gratitude for his labor and for the faithful manner in which it has been performed.

OUTLINES OF MODERN ORGANIC CHEMISTRY. By C. Gilbert Wheeler, Professor of Chemistry in the University of Chicago.

This is a small volume of two-hundred and twenty printed pages devoted entirely to the outlines of Organic Chemistry. It presents in brief the history of the important organic substances, and their chemical relations. The work is admirably adapted for the use of the student and is an excellent book of reference to the practitioner of medicine who has not the time to search through larger works for what is presented in this volume in a concise and practical form. Organic Chemistry has received too little attention at the hands of the Physician, and those who desire more familiarity with this subject can not do better than by adding this book to their library.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By Robert Farquharson M. D. Edin., F. R. C. P. Lond. Enlarged and adapted to the U. S. Pharmacopœa by Frank Woodbury M. D., Philadelphia. Published by Henry C. Lea Philadelphia. For sale by Cushing & Bailey, Balto. Md.

This volume presents in moderate compass the physiological, and therapeutical action of remedies and by a convenient arrangement the corresponding effects in health and disease of each article are presented in parallel columns rendering reference easier, and impressing facts upon the mind of the reader. In its present shape it is well suited to the wants of the student and junior practitioner. As its title indicates it is intended as a "Guide" to the student of Materia Medica and

Therapeutics, and is an excellent text book for the student during his attendance upon lectures. Its small size and concise descriptions of the different articles of the Materia Medica make it a handy book for reference to the general practitioner.

THE MICROSCOPY OF THE BLOOD. By Christopher Johnston M. D., Professor of Surgery in the University of Maryland.

This pamphlet is a reprint from a paper read before the section on Biology, at the International Medical Congress which assembled in Philadelphia in 1876, and now appears in the Proceedings of the Medical Congress.

The paper has been prepared with great care and is a complete *resume* of a subject which has received so little attention at the hands of the general practitioner, and yet one of interest and importance. The author sustains his reputation, so well earned as a pains-taking and dilligent worker with the microscope. Whilst not claiming any original investigation in the study of the blood the author shows his familiarity with his subject by presenting in concise and choice language his own views and those of other distinguished microscopists on the nature of the blood-corpuscle, its phisiological and medico-legal importance. His conclusions have been reached after some years of careful and laborious study, and are conspicuous for force and clearness.

The author has given special study to the measument of the blood-corpuscle and is decided in his opinion as to the degree of ampilification requisite for conclusive study of the blood ; to the study of objectives he has given special attention, and in this connection says: "If size alone be in question, it is unscientific to hope to distinguish under low powers, human red corpuscles with an average diameter of $\frac{1}{3230}$ of an inch from those of the dog with an average measurement of $\frac{1}{3576}$ of of an inch, and it is worse than unscientific to obtain large images by forcing low objectives with short eye-pieces. We hold therefore, that with the results of mensuration of the blood-corpuscle, all the conditions attending the measurements must be given, if their authors expect to win and maintain the confidence of the world of science." It is to be observed that the author employs the word forcing as opposed to the legitimate using of particular combination of oculars and objectives.

The paper throughout is full of careful thought and will not fail to interest and instruct the attentive student and reader.

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ORIGINAL PAPERS.

SURGICAL TREATMENT OF CROUP AND DIPHTHERIA

BY CHRISTOPHER JOHNSTON, M. D., PROFESSOR OF SURGERY, UNIVERSITY OF MARYLAND.

[*Read before the Baltimore Clinical Society*]

MR. PRESIDENT:

I have been honored with an invitation to open discussion this evening upon a subject of great importance, and I appreciate the interest which my fellow members manifest in the surgical treatment of Croup and Diphtheria, and which has prompted them to call for an expression of opinion with regard to it, And I cannot avoid the inference that this society especially desires to obtain the views of its members based upon a personal experience which are to us more valuable than the conviction of foreign surgeons, inasmuch as all of our cases have happened and do still occur to us under the same conditions of latitude and longitude, and of the same barometrical and thermometrical states, and because, in many instances, several members of our profession at home may have been witnesses of the same facts.

Before entering upon the allotted subject directly, I think it wise to give a reason for the faith that is in me as to the duality of those diseases about which a question of treatment is raised this evening, I mean Croup and Diphtheria.

The former, *croup*, when occuring in children or young persons, is an acute *tracheitis*, followed by an exudation of coaguable lymph, usually confined to the trachea but occasionally appearing

with its precedent inflamation, in the larynx or even in the fauces. Its occurrence is favored by age, season of the year, and state of the weather, but is not dependent upon any specific poison, neither does it generate any; and its effects are, or seem to be, limited to the air passages. Tracheitis belongs to childhood; laryngitis is a disease of adult life, says Dr. Barclay (Holmes iv, p. 74): hence, *if the difficulty of breathing is caused by some condition of the larynx, we almost at once assume that in *an adult* we have to do with laryngitis, in *a child* with croup, when febrile symptoms are present, and there is nothing about the throat to account for the dyspnœa.

Diphtheria, on the other hand, may be characterized as a blood-poison propagated (Ibid. p, 64) by transmission through the atmosphere in the majority of instances, either as a miasm emanating from the bodies of the sick, or in consequence of some atmospheric changes as yet unknown to us. The affection usually localizes itself in the the fauces and tonsils, occasioning a more or less considerable effusion of tenaceous lymph under the form of grayish or chamois leather-like patch or patches set upon a crimson velvety ground of hyperæmic mucous membrane, which, by diffusion of the disease may appear in the nares, extend along the lachrymal canal to the conjunctiva, may attach to the parts of generation, and seize upon any abraded surface. Its remote consequences are felt in the kidneys, causing albuminuria, in the spleen producing enlargement and softening, and in the nervous system, causing paresis or paralysis of various systems of muscles. Now, it is my belief, that, contrary to the opinion of Niemeyer, diphtheria, with its membranous exudation, may originate in the throat and travel along the mucous membrane towards and into the larynx and trachea. And, to conclude, it is highly contagious, and very often fatally infectious, as deaths in the ranks of our profession, abundantly establish.

Of course, the questions of identity and of duality find their advocates among the most advanced medical men; but there are still points of disagreement even among those who concur in the

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*Barclay, in Holmes iv, page 72.

general issue. Thus Niemeyer (vol. 1, p. 15 Pract. Med.) seeks to differentiate croupal from diphtheritic exudation, asserting that in the former the "fibrinous exudation which rapidly congulates is thrown out upon the free surface of a mucous membrane, and involves the epithelium only. No loss of substance occurs in the mucous membrane itself, and no scar remains. The diphtheritic process is also characterized by the production of a fibrinous, rapidly-coägulable exudation, but differs from croup, the exudation forming, not merely upon the surface of the mucous membrane, but also within its substance."

In opposition Drs. Edward Headlam Greenhow, (Diphtheria, p. 13,) assures us that in diphtheria "this false membrane is a true exudation which has coägulated upon the mucous surface, and from which it may often be readily separated, * * * but sometimes the subjacent membrane may be superficially ulcerated, and more rarely in a sloughing condition, * * And "in proportion as the membrane increases in thickness and density does its attachment to the subjacent surface generally become firmer."

On other points, also, dualists are at variance, for Barclay (loc. cit. p. 72) declares that "croup, although occurring in particular localities at certain times with greater frequences than elsewhere, presents none of the true features of an epidemic; but is much more truly *endemic*." Niemeyer (loc. cit. p. 26) on the other hand, admits "*epidemic* croup, in which the inflammation seems to be propagated from the pharyngeal surface into the larynx." Gross (Surgery 1872, p. 382.) is in accord with Barclay when he refers to its "occasional *endemic* character," and Hamilton (F. H. H. Princip. and Pract. Surgery 1872, p. 672,) alludes, with a reservation, to a specific poison, for he says "membranous croup is also, it is believed, a sign of blood poisoning, less intense, perhaps, than exists in diphtheria, but no less pervading, and liable to cause death independently of the local obstructions."

Other matters might here detain us, such as the identity or non-identity of diphtheria and scarlet fever, in which issue I coïncide with Greenhow who heads a chapter in his little volume on diphtheria, already quoted, "Non-identity of Diphtheria and Scarlet Fever," but they lead us temptingly too far from the subject

of the evening. We have before us, however, two diseases, both characterized by the production of a membraniform exudation, the one, Croup, primarily, and the other, Diphtheria, secondarily, threatening occlusion of the air passages, or finally, if not interfered with, accomplishing it. The diseases agree in this, they may present every possible shade of intensity, but they disagree in that croup urges on to death by obstructive dyspnœa, exhaustion and apnœa, while diphtheria kills by a venom which has poisoned the arrested life-current. It has, therefore, been my conviction, that the expectancy, from any line of treatment, medical or surgical, must differ in the two cases.

The surgical treatment of Croup and Diphtheria, usually begins where medical treatment has left them, and is premised by the question "shall tracheotomy or laryngotomy be done?" And we might also inquire if the operation itself adds to the danger of the patient, even apart from those cases of croup (or diphtheria) in which "medical treatment has been insisted upon until recovery is hopeless without operation." I am clearly of opinion that tracheotomy in children is always fraught with danger, and in young children is dangerously difficult, and I am prepared to go as far as T. Holmes, (Surgical Treat. Dis. of Infancy and Childhood 1868, p. 303.) who "thinks that of all the operations which we are commonly called upon to perform on children, tracheotomy is the most dangerous, both in its immediate performance and its secondary complications."

Prof. Loomis (Dis. Resp. Organs, Heart and Kidneys, 1875.) in discussing the propriety of tracheotomy in membranous obstructive dyspnœa or suffocation, after making the statements "that the opinion of the profession is divided," and that "statistics are not to be relied upon," says "the only question is, has any one saved life by it." He continues "it should never be resorted to with a promise of even relief—this is only temporary from dyspnœa when the membrane has reached the bronchi or even when formed in the trachea." If done "it should be performed early; and success depends upon the manner of performance and subsequent management." "But with œdema glottidis," observes the same author in another place, "no time should be lost in fruit-

less medication. Laryngotomy or Tracheotomy in extreme cases, are the only means which afford ground of hope, either of which, to prove successful, must be performed early." "Here unfortunately," says Dr. T. Holmes, (Surgery 1876, p. 672.) "tracheotomy or laryngotomy seldom saves the patient's life, but in is his only chance, and the earlier it is performed the better for him."

To answer Prof. Loomis's question is not humanly possible, for desperate cases have gotten well with and without the operation, and both kinds, perhaps, in spite of a professional fiat; but this much we can claim for all surgeons but one, a French surgeon who operated forty times and lost every one of his patients, (Gross' Syst. Surgery, 1872, p. 382,) that some recoveries have relieved the monotomy of fatal issues. The subjoined list of all my recorded operations for opening the larynx and trachea will show how far I may allow myself to answer affirmatively the question "Has any one saved life by Tracheotomy?"

I have placed on record the following:

TRACHEOTOMY FOR CROUP—FIFTEEN TIMES.

Recovered 3 cases. Ages: 5 years; 7 years 6 months, and 4 years Died, 12 cases. Ages: Seven from 2 to 6 years, (pneumonia in last;) one at 2 years; 6 years; 3 years; 16 months, and 2½ years.

TRACHEOTOMOY FOR FOREIGN BODIES—EIGHT TIMES.

Recoveries, 6. Ages: 4 years; 2 years 6 months; 6 years; 5 years; 15 years, and 3 years. Died, 2. Ages, 2 years 7 months, and 3 years.

TRACHEOTOMY FOR EMPHYSEMA.

From buckshot wound in larynx. 1 time. Recovered.

TRACHEOTOMY FOR SYPHILITIC STENOSIS OF LARYNX.

1 time. Recovered.

TRACHEOTOMY FOR LARYNGEAL GROWTHS.

1 time. Recovered.

TRACHEOTOMY FOR DIPHTHERIA—TWO TIMES.

Both patients died. Children about 6 years each.

LARYNGOTOMY—FIVE TIMES.

For foreign body—hook and eye joined and caught in the glottis, Age 3½ years.—*Recovered.* For warty growths in larynx 4. *All recovered*, but two eventually died, one from enteritis and one from return of epitheliomatous growth in larynx.

SUMMARY.

Tracheotomy for croup, 15 times.—3 Recoveries.
Tracheotomy for foreign bodies, 8 times.—5 recoveries.
Tracheotomy for emphysema, 1 time.—1 recovery.
Tracheotomy for syphilitic laryngeal stenosis, 1 time.—1 recovery.
Tracheotomy for laryngeal growths, 1 time.—1 recovery.
Tracheotomy for diphtheria, 2 times.—2 deaths.
Total, 28 times, 11 recoveries.
Laryngotomy, 5 times.—All successful.

An inspection of this table will show that, taking the cases of *croup* as they were brought to me, for I saw them all in consultation, out of 15 children there were three survivors, the youngest of whom was four years old; and that out of eight tracheotomies for the removal of a foreign body six cases were followed by recovery, of whom the youngest was 2½ years.

It will presently appear that these statistics, as far as they go, agree with the most favorable ones from abroad. Thus Guersant, quoted by Prof. Gross, (loc. cit.) gives 783 cases as having occurred at the Hôpital des Enfans at Paris, of which 191, or 25 per cent. were successful. Guersant operated in private 156 times, and saved 28 children, or one in 5½. Gross refers to the 141 cases analyzed by Martini, of which 60 were cured and 75 died. Now the same author cites 351 cases of tracheotomy performed by twenty-one French surgeons, 312 of which terminated fatally, affording a ratio of 8 deaths to one recovery. And Dr. Jacobi, of New York, in 1868 published the results of 213 cases of tracheotomy, performed by himself, Voss, Krakowitzer, and Van Roth, of which 50, or 23½ per cent. recovered.

Prof. Frank Hamilton notices the fact that "from 1850 to 1854 Trousseau had operated in the Hospital for sick children, Paris, 218 times, and of these only 47 were cured. A report for the

year 1856 also showed fifty-four operations during the year; and of these only fifteen recovered." Prof. H. also reproduces the cases of operation collected by Dr. Voss, and reported in the New York Medical Record for January 1860, amounting to 1,249, of which number 249 recovered. And he continues, "As will be seen by a reference to the reports of Trousseau, and to the various other reports which have been made from time to time, a large majority have died when the operation has been made upon children under two years of age, and the fatality of the operation has been found to diminish with the advance of years." (Surgery 1875, p. 672.)

After what has preceded I find it easier to reply to the question "Ought tracheotomy to be done in croup and diphtheria?" I answers decidedly in the affirmative both as to croup and diphtheria provided the age and condition of the patient do not forbid the operation, which might be refused with propriety if demanded at too late a period of these diseases But it must be borne in mind that in *croup* we may obtain a respite from death, during which the disease may yield; but that in diphtheria our only gain may be a briefly temporary relief from the agony of suffocation.

Holmes (Surgery, Its Principles and Practice, p. 674,) says, "the more the disease approaches to pure diphtheria the less is the prospect of relief from tracheotomy, though the chance of relief should not be refused, as numerous examples of recovery have been recorded even when the patient's condition has been regarded as desperate."

Barclay, (Holmes' System of Surgery, p. 76,) makes the statement that "our chief reliance where prompt relief to the breathing is demanded, and seems an unavoidable necessity, must be in the operation of tracheotomy. It is certainly more adapted to croup than to diphtheria, in so far as the attack is local instead of constitutional, is an inflammation and not a blood poisoning."

In the same connexion the venerable professor Gross (Surgery, p. 382,) expresses himself as follows: "In diphtheria, as in croup, tracheotomy is seldom a successful operation, and still it is, in my judgment, in many cases, a highly proper one. Even when it cannot save life, it should be often performed to prevent impend-

ing asphyxia, and thus afford the patient the benefit of an easy mode of death."

W. Pugin Thornton (Tracheotomy, 1876, p. 42,) is not, however, so well disposed, for he says, "in these diseases tracheotomy is far less satisfactory than in any other morbid condition in which the operation is admissible, excepting, perhaps, when it is performed for scalds of the larynx; and therefore, if there should be any chance of recovery without resorting to this measure, the chance should be given."

But Erichsen, (Surgery Science and Art, 1873, page 503,) eminently humanitarian, declares that "no patient ought to be allowed to die from simple laryngeal obstruction, whether that be spasmodic or dependent upon organic disease, without an attempt being made to open the windpipe. It is as unpermissible for a surgeon to allow a patient to die of laryngeal asphyxia without an attempt at relief by opening the windpipe, even though life appear to be extinct, as it would be to let him die of hæmorrhage without attempting to contract the bleeding vessel."

The same author says elsewhere, (loc. cit p. 502,) that "the question as to the performance of tracheotomy in the croup of children must be answered by the amount of laryngeal asphyxia, and the extent of pulmonary implication." And further on he adds "I believe, that the general experience of British surgeons is unfavorable to the operation."

If then, as it has been shown, tracheotomy ought, under certain circumstances to be done, allow me, briefly, to consider the indication for the performance of this operation. And this is simple enough, namely, the existence of obstructive laryngeal dyspnœa, caused by either croup or diphtheria, so considerable as to occasion kyanosis, and threaten asphyxia. It would be highly improper to withhold the operation because some patients have recovered spontaneously from a seemingly bad condition. If it is to be done the greatest possible advantage accrues to the patient from an early tracheotomy, and on this point, I believe, most surgeons of reputation agree, although Holmes (Surgical Treatment of Children's Diseases, p. 303,) dissents because of "the great danger of the operation and its secondary complica-

tions, and feeling sure that many cases recover under judicious treatment, which have been pronounced hopeless without operation. For which reasons he would not recommend tracheotomy while any prospect of recovery existed otherwise; but," continues our ingenuous author, "if we follow this practice we must be prepared for a large proportion of deaths in cases operated upon."

Objections to the operation are drawn from the dangers of the operation itself, in which view I am supported by the high authority of Erichsen who says: "A serious objection to the performance of tracheotomy in croup is, that it is by no means an easy operation, or one devoid of immediate danger." Holmes, in his surgical treatment of children's diseases, as already quoted regards "tracheotomy as most dangerous in its immediate performance and in its secondary complications." But Burclay, in Holmes System of Surgery p. 76, differing from Erichsen, finds that "English medical men seem now very generally to incline to tracheotomy, if not to be recommended at least to be justifiable, as it does not seem materially to increase the risk of a fatal issue."

Another objection may be urged, in some cases, which relates to the extent of involvement of the pulmonary apparatus. Thus Gross (p. 382) speaks of those as "the most favorable subjects for tracheotomy in whom the plastic deposit is mainly confined to the throat and larynx, without any serious disease of the trachea, lungs and bronchial tubes. Whenever these structures are at all extensively implicated, no treatment, whether medical or surgical, will be likely to be of any permanent avail."

So Erichson, in the same connection, makes the statement that "if extensive broncho-pulmonary inflammation already exist, it will be worse than useless, and should, on no account, be practised."

And Barclay (loc. cit.) puts it mildly when he sa s that "the chance of ultimate recovery is very much diminished if the blood has become thoroughly poisoned with unexpired carbonic acid gas."

Tender age has also an unfavorable influence upon the diseases, the operation, and its result, if we judge by the enormous death-

rate in children of less than two years, Erichsen (p. 503) expresses the opinion that "under two, or even three years of age recovery is extremely rare." But the question of age will not altogether exclude very juvenile patients, for Dr. W. Pugin Thornton cites the following "cases in which the operation had been performed successfully. One by Dr. Bell of Edinburg, at six and a half months; another case by Mr. Lawson Tait, of Birmingham, at seven months; and yet another case by Dr. Cooper Forster, between ten and eleven months old. The youngest case on record, which terminated in perfect recovery, is undoubtedly that of Dr. Scoutellen, at the Military Hospital at Strausburg. He operated upon his own daughter, an infant of six weeks old. The tube he first used was made out of a No. 6 gum-elastic catheter. Afterwards he put in one of silver, leaving the rings for tapes. This canula was definitely removed on the tenth day."

The operation of opening the air tube having been determined upon several important matters demand instant attention. In the first place the institution of anaæthesia must be made subject to the requir ments of the case present, and it must be accepted or not, according to the convictions of the operating surgeon. For my own part I must say that the employment of ether or chloroform greatly facilitates the surgical procedure, but the exhibition of either agent ought to be avoided when the croupous exudation shall have invaded the bronchi, or when bronchitis and pneumonia shall have supervened. I have used chloroform in about one third of the operations I performed upon children, both for croup and for the extraction of foreign bodies from larynx or trachea, and, excepting a single case, with very happy results. The instance I refer to was of a child aged 2 years and 7 months, brought me from the country with a bit of chestnut hull in his windpipe. I suffered my sympathy to direct my judgment, and, after a careful administration of chloroform I opened the trachea in the face of an existing severe bronchitis, and lost my patient.

Mr. Holmes, (Surg. Treat. Children's Dis. p. 319) speaks in favor of anæsthesia, saying "Tracheotomy is best done under chloroform, unless the asphyxia is very profound, when, most probably, the child is rendered insensible by the disease." And he quotes

Dr. Buchanan of Glasgow, as commending the employment of that agent in his "Tracheotomy in Croup and Diphtheria," published in Glasgow, 1866.

Mr. Erichson is very decided in his advocacy of anaæthesia. In his Surgery, volume 11, p. 502, 1873, that distinguished surgeon assures us that "if chloroform be not given, the struggle and writhings of the child will materially embarass the surgeon in his attempts at opening the windpipe."

Again on page 505 he expresses his belief that chloroform may always be given safely except in cases of extreme syncopal asphyxia, where, as sensibility no longer exists, it is unneccessary; and he is emphatic in saying that he now invariably has recourse to it.

And finally Mr. Erichsen, on p. 509, declares that "if chloroform be not administered, the struggles of the child will add materially to the danger of the operation." It will, therefore, be perceived, that the employment of anæsthesia, in suitable cases, has high professional advocacy. But M. T. Pugin Thornton (on Tracheotmy, 1876,) is adverse, and thus expresses himself. "I would here state, (p. 9.) that in the performance of tracheotomy I never employ chloroform, but simply freeze the skin by means of ether spray; and, for this reason, that it is of vital importance, as soon as the trachea is opened, that the patient should be able to cough up any blood which may have passed down into the air passages. Should an anæsthetic have been given this cannot be done, for its effects will not have passed off in time." But "should there be insufficient assistance, it would be compulsory to anæsthetize the child, unless it have passed into an asphyxiated condition." In these views I am very much disposed to coincide with Mr. Thornton.

In the next place tracheotomy in croup and diphtheria, finds greater favor with the profession than laryngotomy which, as Erichsen says, (p. 503 and p. 509,) is to be preferred in the adult, while tracheotomy is, as a general rule more applicable to children (p. 510). Mr. Holmes (p. 312,) thinks that tracheotomy is much more frequently required in children than in adults. Mr. T. Pugin Thornton lays stress upon tracheotomy; and this view

finds a supporter in Prof. Hamilton, (loc. cit., p. 673,) who "prefers this operation in the case of children, unless the neck is so exceedingly short and fat, as to render such surgical interference impracticable."

The trachea having been selected for operation, that part of it lying above the isthmus of the thyroid will be found to offer particular attraction, especially in very young children whose aspera arteria, below the isthmus is deeply situated, and, at the root of the neck has dangerous anatomical relations. Erichsen favors the upper operation on account of the facility with which it is done, so that "in practice the tube is almost invariably opened at its upper part, usually between the second and third, or third and fourth rings, although the incision may be carried through the isthmus. (p. 506.)

Holmes (Surgery, 1876, p. 674,) says, "my own opinion is in favor of operating above the thyroid isthmus;" below it we gain little "while the operation below the isthmus is, in a fat child, a very dangerous one." In his Surgical Treatment of Children's Diseases, p. 314, the same author thus expresses himself, "I would not be understood as absolutely forbidding the division of the thyroid isthmus. I could point to several successful cases of tracheotomy in which it has been divided. * * It is better to avoid it * * but if the parts are very small I think it is safer to divide the isthmus than go below it."

Finally, Bryant (Surgery, 1873 p. 146) avows that in many instances he went through the isthmus of the thyroid and never had reason to regret it. "Indeed," continues that surgeon, "I am almost tempted to believe that the dangers of its division are really theoretical, and may practically be disregarded." In point of fact I am of opinion, as the isthmus usually crosses the second and third rings of the trachea, that bridge is frequently and safely severed in upper tracheotomy.

With regard to the operation itself I propose, at this time, to be silent, almost. I would only remark that I prefer, and have always performed the operation taught me by Chassaignac, which is done by first securing the larynx by passing a tenaculum, grooved upon its convexity, under the cricoid cartilage, after

the median cutaneous incision. Then, baring the trachea, a pointed knife is made to penetrate the trachea by following the groove in the tenaculum-director; next a blunt pointed knife enlarges the tracheal opening, cutting the rings downwards; after this, Trousseau's ditator opens the slit; and the operation is completed by the introduction of a canula. Trousseau's double canula has had numerous rivals; but Durham's canula, which I now use almost exclusively, is in my estimation, the very best which has, as yet, been given to the profession.

I am afraid, Mr. President that I have already exceeded my limits; but I would ask your patience for a moment longer, to point out the danger of sucking the tracheal wounds with the mouth, which humane procedure has cost many surgeons their lives; and call attention to Richardson's bellows, figured in T. Pagin Thornton's tracheotomy, p. 32, as promising great assistance in resuscitating patients apparently asphyxiated often operation. And I would insist upon an intelligent, patient, and pains taking after-treatment carried out by such valuable aids as I have found many medical students to be, as, not only of the highest importance to the attainment of success, but as being absolutely indispensible in procuring it.

VIBURNUM PRUNIFOLIUM, AS A UTERINE SEDATIVE.

BY B. B. BROWNE, M. D., OF BALTIMORE.

[*Read before the Baltimore Clinical Society, January* 3rd, 1878.]

It was not my intention to bring this remedy before the notice of the Society until my own experience in the use of it was much larger than at present, but as it has proved so very satisfactory and efficacious in the cases in which I have used it during the past two months, probably others who have more frequent opportunities than myself may be induced to give it a trial, and report to the society, at some future meeting, the result of their experience with it.

In the following cases, the Viburnum was used with benefit:

October 28, 1877, 9.30 P. M.—Mrs. D., aged 28, last child 18 months old, which she continues to nurse, menstruated last from 24 to 28 august, was taken with pains and uterine hemorrhage about 6 o'clock in the evening. Os dilated sufficiently to allow one finger to pass, blood came freely in gushes at intervals of about three minutes. Ordereded half a teaspoonful of the Fl. Ex. Viburnum every half hour until hemorrhage was checked, after the third dose there was no more hemorrhage it having gradually diminished after the first dose, she continued one-half teaspoonful three times daily for three or four days.

Oct. 17, 1877—Mrs. R. C., In the seventh month of pregnancy, had been flooding profusely for four or five days, ordered Fl. Ex. Viburnum ℥i to be taken at once and ℥ss every half hour until checked, the hemorrhage was entirely checked after taking a few doses.

In two cases of menorrhagia in which the menses had always lasted seven or eight days they were decreased to five days and were much diminished in quantity. In these cases the Viburnum was taken in ℥ss doses three times daily.

September 14, 1877—Mrs. H. E. B. aged 30, in the seventh month of her second pregnancy, for the past two months has had almost constant headache associated with insomnia, impaired vision, and vertigo. Œdema of the face and of the upper and lower extremities, frequent nausea and vomiting, mouth and tongue very sore and excessive ptyalism—urine highly albuminous. Was treated for the albuminuria which gradually diminished and in about a month was altogether absent. She was now entirely relieved from the headache, vertigo and œdema, but the ptyalism and sore mouth and tongue were if any thing even worse than when I first saw her. None of the usual mouth-washes for this complaint seemed to give her any relief, she used chlorate of potash, borax, bismuth, slippery elm infusion, emulsion of bitter almonds with hydrocyanic acid, belladonna &c.

About the 1st of November she commenced taking ℥ss of the Fl. Ex. Viburnum every three hours, her mouth soon commenced to get better and in less than a week gave her no more trouble.

My attention was first called to this remedy by a paper which I had the pleasure of hearing read by Dr. Edward W. Jenks of Detroit, Michigan, before the American Gynecological Society in New York in Sept. 1876.

Dr. Jenks said he had used the Viburnum during the past ten years in a great number of cases of threatened abortion and that he now relies upon it as the most efficacious remedy we have for this trouble.—He recommends it especially in those cases where abortion has become habitual with a woman. He also recommends it as a valuable therapeutic agent in the treatment of the sympathetic disorders incident to pregnancy, where a nervine or sedative is demanded. He also says that he has found it extremely useful in a large class of non-puerperal diseases of women, especially in all uterine disorders characterized by loss of blood such as menorrhagia, metrorrhagia incident to the menopause, and in all forms of dysmenorrhœa attended with profuse menstruation.

The attention of the profession was first called to the uses of the Viburnum by an article written by Dr. Phares, of Newtonia, Miss., which was first published in the "*Atlanta Medical and Surgical Journal*" in 1866, and subsequently republished in the "*Detroit Review*" Dec., 1866, and in the "*Boston Medical and Surgical Journal*" October 10, 1867.

Dr. Phares attached particular value to this remedy for the prevention of abortion.

He designated it as a "nervine, antispasmodic, tonic, astringent and diuretic," and adds: "But it is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise; whether threatened from accidental cause or criminal drugging. It tones up the system, preventing or removing those harassing nervous symptoms that so often torment and wear down the pregnant woman and disqualify her for the parturient effort. It enables the system to resist the deleterious influence of drugs so often used for the purpose of procuring abortion."

He also alludes to the habit, common among negro women on many of the southern plantations, of taking a decoction of gossypium, or cotton root, for the purpose of procuring abortion,

and says: "Some farmers on whose plantations I have used the medicine, and who have seen much of its effects on negro women who had always managed to miscarry, declare their belief that no woman can possibly abort if compelled to use the Viburnum."

Of couse no intelligent physician expects, that when an abortion is fairly begun by detachment of the ovum, or when a portion of it is extruded from the uterus any remedy or treatment will prevent its ultimate expulsion; the mischief is already done; the vital connection of the fœtus with the mother is destroyed, and no measure can preserve its life.

In order to determine in what cases this drug acts as a means for preventing abortion we may very properly consider the causes of abortion under the four following heads:

1. *Those that are Accidental*:—Violent mental emotion; sudden agitation from fright; great bodily fatigue, with mental anxiety and severe pain; hysterical convulsions, blows, falls, irritation of mammary nerves, lactation and constant suckling, railway travelling, drastic purgatives, placenta prævіæ, &c.

2. *Those that are due to some deranged state of the mother's health*:—Acute thoracic and abdominal diseases, albuminuria, uræmic convulsions, measles, scarlatina, small-pox, obstinate constipation, syphilis, intermittent fever, &c.

3. *Those that can be traced to some Morbid Condition of the Uterus or its Appendages*:—Adhesions of the uterus to other pelvic organs, retroversion of gravid uterus, &c.

4. *Those that Arise from Disease of the Embryo or its Membranes*:—Small-pox, cholera, scarlet fever, hydrocephalus, knotting or compression of the funis, placentitis, fatty degeneration, hypertrophy, induration, calcification or ossification of the placenta and syphilis.

It is in the first class, those that are accidental, that Viburnum by arresting the contractions of the uterus, which serve to separate the utero-placental attachments, and by modifying the placental and utero-placental circulation, acts so favorably as a uterine sedative in preventing threatened abortions. In the second and third classes it might be a valuable adjuvant to other appro-

piate treatment, especially in cases of retroversion of the gravid uterus.

But in the fourth class where the abortion is caused by disease of the embryo or its membranes, such as small-pox, scarlet fever, hydrocephalus, knotting or compression of the funis, fatty degeneration of the placenta or syphilis, the foetus is generally dead some time previous to the threatened abortion and of course no treatment at this stage can be expected to arrest it.

REPORTS OF SOCIETIES.

BALTIMORE MEDICAL AND SURGICAL SOCIETY.

At a recent meeting Dr. Arnold related an interesting case, which he spoke of to illustrate the great difficulty of forming an accurate diagnosis in cases where promptness is necessary. A man was brought to the City Hospital in a comatose state, no previous history could be obtained. His breathing was slightly stertorous, pulse 88, temperature 99, cheeks puffing at each expiration, slight dilatation of one pupil. Soon after being put to bed he was seized with convulsions at first clonic, and and afterwards tonic,—chiefly left-sided. Attempts to arouse the patient were only partially successful. The urine upon examination showed a large percentage of albumen. After purgation with croton oil the urgent symptoms were relieved. Subsequent symptoms indicated Bright's disease. The circumstance that seemed to render the diagnosis of uræmia doubtful was the condition of the temperature and circulation.

Dr. Lynch called attention to the fact, first brought to the notice of the profession by himself a few years ago, and which had recently been demonstrated by a Vienna physician that after every profound motor disturbance albumen may be found in the urine, without a lesion of the kidneys necessarily being present.

A case of supposed precocious menstruation was related by the president, Dr. Murray. The patient was two years of age, she had had a bloody discharge from the genitals at two periods with an interval of about a month. Upon careful questioning and examination it was discovered that the child was of a hemorrhagic diathesis, and that

it had received a jarring fall just before each discharge. The bleeding was due to rupture of the pudendal vessels; a firm touch with the finger upon the mucous surface of the labia produced ecchymosis and hemorrhage. The doctor thought it was extremely probable that in other cases which had been reported as "precocious menstruation" the condition might be a similar one.

Dr. Evans related the case of a female child, 2 years of age, who was addicted to masturbation. No source of irritation could be discovered about the genital organs or rectum. The habit was removed by moderately large doses of bromide of potassium continued for some time. Another child of the same mother had been subject to the same habit; it had died of some brain trouble. This last mentioned child had not been under the observation of the doctor.

Dr. Erich exhibited to the Society an intra-uterine fibroid polypus recently removed by him.

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At the 7th Annual Meeting of the Baltimore Medical and Surgical Society held on the 3rd of January, the following officers were elected for the current year:

President, Dr. Wm. J. McDowell; 1st Vice President, Dr. A. Friedenwald; 2nd Vice President, Dr. J. J. Caldwell; Recording Secretary, Dr. George H. Rohé; Corresponding Secretary, Dr. B. F. Leonard; Reporting Secretary, Dr. G. Lawson Wilkins; Treasurer, Dr. Wilmer Brinton; Executive Committee: Drs. T. B. Evans, D. W. Cathell and J. H. Hartman; Committee of Honor: Drs. A. B. Arnold, R. W. Mansfield and J. W. P. Bates; Committee on Lectures and Discussion: Drs. J. S. Lynch, G. L. Wilkins and H. T. Rennolds.

G. H. ROHÉ, M. D.

MEETING OF THE CLINICAL SOCIETY OF BALTIMORE.

There was a regular meeting of the Clinical Society, held January 4th, with the President in the chair.

Dr. B. B. Browne, read an interesting paper, (which is printed elsewhere in this JOURNAL) on Viburnum Prunifolium, (Black Haw) as a uterine sedative.

The medicine in Dr. Browne's hands had proved so successful, in many cases, he thought himself justified in calling the attention of the Society to its efficacy.

Dr. Morris, related a case of a lady who while travelling through Baltimore was compelled to stop as she was pregnant and feared her time for confinement had come. Dr. M. was consulted and advised the lady to continue her journey as he did not consider the symptons urgent. A uterine sedative like Viburnum would have been just the medicine indicated in such a case. Upon Dr. Browne's recommendation Dr. Morris intended trying its efficacy.

Dr. Tiffany exhibited specimens of united fractures of the scapula, clavicle and first and second ribs from the same person. There was no history, the fractures being discovered in the dissecting room.

A fractured scapula as a specimen is extremely rare, there being on record but seven in the museums of this country.

Dr. T. also showed an ununited intra capsular fracture of the neck of femur. Patient had been in a hospital eleven years, had suffered very little inconvenience and was employed as a servant. The lame leg was one and one-half inches shorter than the other and could not be extended. There was a good joint formed between head and neck held to-gether by strong connecting bands, the opposing surfaces being rather jagged. The natural joint between the head and pelvis was intact and normal.

Dr. T. also showed a specimen of two perfectly ossified intervertebral substances without the slightest appearance of deformity in the position of the vertebral column. Ossification of the intervertebral substance was not rare, but complete ossification without deformity was an unheard of result of caries.

There was no history, the specimen coming from the dissecting room, and the only abnormal appearance being a sinus leading into the vertebral column.

Dr. Hill showed urinary calculus, removed from the spongy portion of the urethra of a child 3 years old.

It was contrary to the advice of many authorities that an incision was made into the spongy portion of the urethra, but the necessities of the case proving urgent the risk of forming a fistulous opening was taken. After removal of calculus one of Holt's soft india rubber catheters was introduced and left several days. The wound was dressed with simple cold water dressings and healed by first intention although the child came of scrofulous parents, aud was itself weak and puny.

Dr. Theobald read an interesting paper upon "Traumatic Lesions of

the Eye," giving an account of the detection of foreign bodies in the eye and their strange way of getting there.

N. B. In my report for last month by a typographical error Sodii bromidum was printed Iodii bromidum. Will you please correct it?

R. B. MORISON, M. D.

REPORT OF THE ACADEMY OF MEDICINE.

(Reported for the Maryland Medical Journal.)

The Academy of Medicine met on Tuesday night, January 15th, with the president Dr. McSherry in the chair.

Dr. J. Robt. Ward, of Baltimore county, reported the following case:

August Kaiser, 16 years of age, a bright boy and well advanced in his education, was accidentally shot with a pistol, on the afternoon of July 3, 1877. I saw him about one hour after the accident, he was speechless, and paralized on the right side, pulse feeble, the eyes indicated consciousness; there was slight oozing of blood from the wound, the ball entered the skull about one and one-half inches above the left ear; carefully probing, the entrance of the ball was readily detected.

A little brandy and water was ordered, reaction soon took place, and no stimulants were given afterwards. For three days, he never spoke; at times he was very restless and screamed loudly. Ice was applied to the head, the bromides and hypodermic injections of morphine were given when indicated. Urine was secreted in small quantities, and two or three times it was necessary to use the catheter; the bowels were not acted on for thirteen days, although cathartics and enemas were used, one night he took four drops croton oil, without any effect. He then took brewers yeast which acted freely, and was the only medicine given to act on his bowels. August first began to speak single words, then two, then three words, and then sentences. He now walks without difficulty, and the use of his right hand is slowly becoming more perfect. His memory is not so good as before the accident, no other mental deterioration observable. The eyes all the time indicated consciousness, which was proven by his telling all that occurred, whilst speechless.

Dr. Chew reported a case of acute Bright's disease, in which he

had marked results from the use of jaborandi. The patient a negro boy aged 20, a sailor by occupation, was admitted into the Baltimore Infirmary about the 1st of January with œdema of the lower extremities and genitals, and some ascites. His urine was clouded with albumen. The patient had been much exposed to wet and cold just previous to his present attacks, up to which time he had always been healthy. He was placed upon thirty minim doses of the fl. ex. of jaborandi every two hours, and the remedy continued during the day for two days. Diaphoresis was immediate and profuse, the perspiration completely saturating bed clothing and matress. At the expiration of forty-eight hours the œdema had disappeared entirely and a mere trace of albumen was to be found in the urine. In cases where immediate diaphoresis is indicated Dr. Chew thought that jaborandi was one of the most reliable and prompt remedies we had. It often disagreed with the stomach, producing nausea. In such cases pilocarpin administered hypodermically should be substituted. The fl. ex. was the only reliable preparation of jaborandi, and he recommended that prepared by Sharp & Dohme, of this city.

Dr. Chisolm reported a case of cataract in an infant six months old, the result of intra uterine inflammation. It is not infrequently that we find iritis and other imflammatory troubles of the eye which have existed during intra uterine life and such troubles are not always of specific origin. In the case reported the infant was unusially large and healthy, and there were no indications of a specific origin. The patient had been operated on with a restoration of sight.

Dr. Van Bibber reported a case of an infant three months old, with a large nævus upon its nose which began to grow six weeks after birth and had in six weeks time attained to a large size. Electrolysis had been employed in the following manner: A sharp needle attached to the positive pole was inserted into the nævus and the negative pole applied to the infant's back. Hæmorrhage was profuse when the needle was with-drawn from the tumor, but upon its introduction again closed. The patient was still under treatment. The doctor promised to report the result of treatment at the next meeting of the Academy.

Dr. McKew related a case in which a large nævus occupied the entire upper eyelid of a child. In this case perchloride of iron had been injected into the nævus. The cure was perfect. Dr. Chisolm remarked that the nævus was not an uncommon trouble in eye surgery.

He employs a thread saturated in perchloride of iron, which is passed through the nævus in different directions. The thread should be larger than the needle employed, so as to close up the puncture made by the needle and thus prevent bleeding.

SELECTIONS.

ADVANCES IN SURGERY.

The Canadian Journal of Medical Science in taking "a retrospective glance over the past year's contribution to our knowledge of medical science," presents the following admirable *resume* of the progress of Surgery:

The year's history of Surgery, like that of the sister science of medicine, has been characterized by activity and progress in all its branches. In the important subject of the treatment of aneurism, all the new improvements of the times have been repeatedly tested and not found wanting. The use of the carbolized catgut ligature, although abandoned by Mounder, one of its earliest and most enthusiastic advocates, has on the whole made more friends than it has lost. It appears to be neccessary to draw the NOOSE with a moderate degree of tightness and to tie a third knot in order to prevent slipping, (Mr. Lane). At the Royal Medical and Chirurgical Society in November Mr. Barwell reported a cure of Aneurism of Aorta, Innominate, Subclavian and Carotid by a double distal ligature on the two last named arteries. Catgut was the material employed, antiseptic precautions were taken and an essentially dry diet enjoined. The same surgeon at the same time reported a case of ligature of the left carotid with catgut for aneurism of transverse aorta which was progressing favourably. G. Y. Heath records a successful ligature of 3rd part of left subclavian with antiseptic catgut for aneurism. Mr. Martin Coates records a case of bloodless ligature of femoral for traumatic aneurism by means of Esmarch's bandage, with recovery. Esmarch's bandage alone has been much employed during the year for the cure of aneurism—especially popliteal,

Of those we may mention the case of Mr. Thos. Smith, at St. Bartholomew's, that of Staff Surgeon Reid, R. N., that of Mr. Tyrrell of Dublin, application of bandage for 50 minutes, and that of Thos. Wright of Nottingham for fermoral aneurism. Dr. Alexander Patterson records a case of double popliteal aneurism cured in 21 hours by digital compression. Several other cases of the successful use of digital compression are reported during the year. In New York a new means of compression by means of a conical bag filled with shot and suspended by elastic over the artery has been introduced by Dr. Martin Burke, and several cases favourable to its use reported. Dr. Fleet Spiers' (Brooklyn,) artery constrictor has been tested in England upon the living and dead body, and found entirely satisfactory. At a meeting of the Clinical Society of London, Mr. Henry Morris spoke highly in its favour, and said "In aneurisms of the arch, innominate, carotid, subclavian, and axillary arteries, torsion is impossible, Esmarch's bandage out of the question, compression is neither convenient nor safe, even when it could be borne, carbolized catgut had been proved unreliable, and galvano puncture is fraught with dangers of its own. In such cases as the above, constriction by the "artery constrictor" seemed to possess advantages over all other methods, and promised a fair amount of success." Dr. Phillipson, of Newcastle on Tyne, reports two casees of cure of aneurism of abdominal aorta, one by iodide of potash, the other by compression.

Lithotomy having already attained to a high degree of perfection, it is of course useless to look for much improvement in the operation from year to year. Dr. Macleod, of Glasgow, has written a valuable paper advocating the use of the rectangular staff in Lithotomy introduced by Dr. Andrew Buchanan in 1848, with a slight modification, for an account of which we must refer our readers to the original paper in the London Lancet for 28th April, 1877. Moreover, as the range of employment of its rival Lithotrity is yearly increasing, the old yieldeth place to the new, and the former is gradually becoming confined to the smaller number of cases. A new means, also, introduced by Dr. Geo. C. Duncan affords foundation for the hope that we may one day see

many cases of Vesical calculus disposed of by Litholysis. His apparatus is described in the Edinburgh Medical Journal for May. It consists essentially of a fenestrated catheter containing an india rubber bag which may be protruded through the fenestra at will, and is so arranged with an elliptical spring surrounding the mouth of the bag that this can be opened and closed by means of a wire running through the catheter. The object is, after the catheter has been introduced to protrude the bag in the bladder and catch the stone in it, thus isolating the calculus from the walls of the bladder, when an appropriate solvent can be introduced to act upon it. Dr. E. F. Starr, of Nacoochee, Ga. U. S., reports a successful case of Suprapubic Lithotomy during the year. The year was probably remarkable in the annals of gastrotomy. Dr. Schoenborn (Konigsberg) narrated a case, at the Congress of German Surgeons, in which he introduced a little india rubber bag into the stomach and then inflated it before operating. The case was successful. Dr. Trendelenberg reported another. Mr. Lawson, of the Middlesex Hospital performed the operation for extra-uterine fœtation; but the patient was affected with tuberculosis and died. Lannelongue, of Bordeaux, reports a successful case in a man of 59. He agrees with Verneuil in insisting that the stomach should not be incised until after the walls of that viscus have been carefully united to the abdominal walls by numerous points of suture. It has been claimed that Verneuil's case, reported this year, is the first one of recovery after gastrotomy for strictured œsophagus; but in reality Mr. Sydney Jones' case operated on 18:5:75: was a case of recovery, although patient died forty days after from pneumonia or some lung affection; operation first performed by Sedillot in 1849. Mr. Callender reports an unsuccessful gastrotomy for malignant disease of œsophagus. With reference to splenotomy, Billroth thinks the operation simpler than ovariotomy. He this year records a case which would probably have been successful had not a ligature on one of the six vessels he had to tie given way during an attempt at defecation. He prefers hempen ligatures to silk or catgut. Another case upon whlch he performed the operation this year did not recover from the loss of blood,

the spleen weighed fourteen pounds. H. L. Browne, of the West Bromwich District Hospital reports a case of splenotomy in a man aged twenty, four large arteries were tied, the patient rallied well, but died suddenly five hours afterwards. Spencer Wells also removed the spleen in mistake while operating for ovariotomy. Pean appears to be so far the only fortunate man in this operation.

Colotomy has been several times practised during the year with fair success, and the operation has come to be regarded as thoroughly established, and in fact necessary in every case of permanent occlusions or obstruction of the large intestine from any cause, but especially carcinoma. At a Meeting of the Medical Society, Mr. Rickman J. Godlee directed attention to a fact not generally known, and which it is important to bear in mind in connection with this operation, *viz.*: That gas may exist in the peritoneal cavity without perforation of the bowel, probably from osmosis. He adduced three instances. Osteotomy is growing in favour, and successful cases are reported from all sides. Whether subcutaneous section of the neck of the thigh bone, &c., can be best performed by Adam's saw or by Maunder and Volkmann's chisels is still a mooted question, and each side has numerous advocates. Results with either appear to be equally favourable. Mr. John Chiene secured an excellent result in knock-knee by turning up a flap of periosteum on internal condyle and cutting out with chisel a wedge-shaped piece of bone, then forcibly straightening the leg. It appears that all, or nearly all rachitic deformities of the limbs are now amenable to the surgeons skill. Subperiosteal exsections, too, are becoming common. In March, Mr. Annandale showed to one of the Societies in Edinburg, a case in which he performed exsection of the knee, and the movements of the joints were subsequently regained. The same surgeon also reports a case in which he successfully employed Esmarch's operation for the relief of permanent closure of the jaws after several other operations had failed. The operation consisted in the removal of three-fourths of an inch of the lower jaw immediately in front of the cicatrix, and the insertion, as suggested by Rizzoli, of a piece of

guttapercha between the ends of the divided bone to prevent reunion and secure the formation of a joint. It has now been successfully performed by Esmarch, Wilms, of Berlin; Dittl, of Vienna, and Wagner of Konigsberg, and amongst British surgeons by Messrs. Mitchell Henry, Christopher Heath, Bernard and Annandale. What is regarded as an improvement in the operation of tracheotomy by certain French surgeons is the use of the galvano-cautery instead of cold steel; a good many cases of its employment are reported, and it is claimed, with the effect of avoiding hæmorrhage. Mr. Wagstaffe has introduced and employed a new tracheotomy tube, composed of a single expanding outer tube capable of accommodating inner canulae of three different sizes; it is so arranged that by a single turn of a screw in the shield, the sides will come together, thus greatly facilitating introduction. The new india-rubber tracheotomy tubes have been extensively used, but several accidents which have occurred point out a certain danger incident to their employment, that of rotting at the curve and slipping into the bronchus; if used, they should be lubricated with glycerine which soon dissolves in the mucous and does not rot the rubber.

The unusual operation of extirpation of the larnyx has this year been successfully performed by Dr. David Foulis, of Glasgow. The patient was subsequently provided with a Gussenbauer's voice apparatus, like Billroth's case in 1873. This makes the tenth time the operation has been performed, and the fourth success. Extirpation of the kidney was more than once performed in 1877. Dr. C. Langenbuch reports a successful case where the kidney formed a painful tumour on the left side. Mr. Jessop, of the Leeds Infirmary, also removed the left kidney from a child æt. 2¼—the kidney weighed 16 oz. and looked encephaloid. Another case was recorded in France, in which the kidney was drawn into an abscess cavity by contraction, and thence removed. This is the eighteenth case and the tenth recovery on record. Excision of the rectum has been successfully performed during the year. M. Koeberle, of Strausburg, records one where all the functions were regained. Dr. Briddon, of New York, and Dr. Levis, of Philadelphia, each report a successful case. The latter

gentleman also reports an unsuccessful one, as does also Dr. D. Hayes Agnew, of the same city. Excision of the tongue has been frequently performed during the year, and the use of Paquelin's thermo-cautery appears to be of great service in such cases. The great advantages it possesses are facility of employment, cheapness, and the entire absence of pain after its use. It will probably supersede the *rouge fer* and the galvano-cautery altogether. Mr. Annandale records its use in three excisions of entire tongue, with two recoveries, two scirrhous breasts, with one recovery, and three epitheliomata of face recoveries in all. Dr. Ogilvie Will, of Aberdeen, records two successful cases, and Mr. Ashburton Heath, one of excision of entire tongue for epithelioma by the method suggested by Sedillot and Syme, and perfected by Mr. Annandale, which consists in splitting the lip, dividing the symphysis of the lower jaw with a saw, separating the soft parts, pulling forward the tongue, and removing the organ slowly with an ecraseur or Paquelin's thermo-cautery. Some of the patients recovered speech. H. A. Reeves contributed an interesting account of the *immediate* cure of piles by Paquelin's thermo-cautery. Dr. Hennig, of Leipsig, records a case of excision of entire uterus for cancer, with recovery. M. Pean records an extirpation of all that portion of the scapula below the spine, for medulloma, followed by recovery. Mr. Ernest Sheaf extirpated the right submaxillary gland for lympho sarcoma, and the patient subsequently suffered from persistent salivation.

The discussion at the late Congress of German surgeons on the subject of exsections, was on the whole, favourable to the operation. There, as well as elsewhere, it has come to be recognized that in these operations, partial are less dangerous than total resections, and that the antiseptic system renders the former feasible. Prof. Volkmann, of Halle, has performed exsection of the knee-joint twenty-one times with one death ; he describes a new mode of operating. Instead of the H or U incision, he cuts straight across the joint and bisects the patella with a saw. After the removal of the diseased structures, he unites the femur and tibia with catgut ligatures, he also joins the two portions of the patella by catgut. Surgeons have not been slow to avail them-

selves of the information afforded by recent researches in cerebral localizations as bearing upon the point of application of the trephine, and M. Lucas Championniere records a case of immediate recovery from a brachial monoplegia with aphasia, upon the application of the trephine, although he had no external signs of fracture to guide him. Dr. Proust at the *Lariboisiere* created quite a stir by opening an abscess of the brain with the knife, affording temporary relief to the symptoms. Nerve-stretching in neuralgia and also in tetanus has been a good deal practised and with favourable results. Besides cases reported by Callender and others in England, Billroth and Nussbaum in Germany, Paul Vogt records a case (ulna), Petersen another (posterior tibial). Each of these two also reports a case for relief of tetanus, and Kocher one for tetanus, (but this one died). In sciatica, Lister and John Chiene each a case. In tetanus it is always well to give it a trial on the principle, "*Remedium anceps melius quam nullum.*" Speaking of traumatic tetanus, we may as well record the treatment of S. Ezra Read, of Terre Haute, Ind. U. S., as he has a recovery to boast of. During his long experience forty nine cases had fallen under his care, and all died, he hence concluded that tetanus was an incurable disease. His fiftieth case, however, was treated with whiskey to the point of saturation and got well. He now thinks that so long as the good State of Kentucky "continues to manufacture her copper distilled whiskey" he will not again venture to "pronounce tetanus a mortal and incurable disease.

In the reduction of strangulated hernia, M. Phillips, of St. Maude, recommends the hypodermic injection of morphia instead of the inhalation of chloroform, and cites two cases: Mr. Rivington, of the London Hospital, reports a case of strangulated inguinal hernia operated upon, with formation of fecal fistula and subsequent recovery. Mr. Annandale exhibited, in April, a man who suffered from a large reducible femoral hernia, in whom he made an incision somewhat above and parallel to Poupart's ligament so as to reach the neck of the sac and ligature it. This is one of the few cases of radical cure of this form of hernia. Two cases of diaphragmatic hernia are reported. The insufflation of air in intussusception, volvulus and intestinal obstruction has

been several times employed during the year. M. Rogers records one, a case of volvulus ; M. Ransford, of Liverpool, successfully employed a pair of bellows for inflation in a case of intussusception in a child. Dr. Southey records a case of ob struction which he successfully treated by the genupectoral position, a long rectum tube and two bottles of soda water. The use of massage as a surgical remedy handed down from the Greek gymnasts is being again revived. Among the Germans, Wagner is advocating its employment in contusions, sprains, extravasations of blood, and inflammation of joints. In America, Weir Mitchell and Sayre are the apostles of the system. M. Henriette reports a case of spontaneous elimination of a vesical calculus by the hypogastric region. Dr. Sinclair Coghill reports a case of exophthalmic goitre successfully treated by ergotine hypodermically. The subject of fat embolism is beginning to attract the attention its importance demands. Dr. Arthur Boettcher records a case of sudden death from this cause after a gun-shot wound ; and Mr. J. D. Hamilton showed to the Edin. M. C. Soc., three specimens of fatty embolus of pulmonary artery taken from a boy, æt, 14, who died from rupture of the liver which was fatty. Similar cases are recorded by Wagner, Zenker, Czerny and Busch. Doubtless many cases af sudden death after fractures ascribed to shock, are due to this cause. Mr. Annandale records a case of penetration of brain by a knitting needle passing through the orbit. Recovery with loss of sight. M. Oulmont records a case of several spontaneous fractures occurring in a case of locomotor ataxy under Prof. Charcot, Mr. Barker (of Univ. Coll.) records a case of rare dislocation of the hip of "subspinous" or "suscotyloidienne" variety—the seventh recorded case. Staff-Surgeon Head, R.N., records a case of dorsal dislocation of the femur with *eversion* of the foot. Mr. Henry Morris showed at the Royal M. C. Soc., that all dislocations of the hip occur when the leg is in abduction, and that whether the head will be thrown forwards or backwards depends upon the degree of flexion or external rotation at the time. Antiseptics in surgery are daily growing in favour, and Dr. Soulez recommends carbolated camphor as perhaps the best. Naturally the search has been for

the simplest forms, and Marion Sims writes to the British *Med. Jour.*, saying that he and his colleagues in America have employed a dressing of simple cotton wool, which filters the air and prevents the access of germs. Now history repeats itself for not only has M. Desormeaux had a favourable experience of this antiseptic dressing in the Paris Hospitals, but Mathias Mayor of Brussels, true to his principle of "*Simplex sigillum veri*," advocated it so long ago as 1842, and his disciple Burggraeve, of Ghent, was also a zealous partizan of the "*appareil ouate*." The great drawback to the use of Esmarch's elastic bandage in amputation has been the copious capillary hæmorrhage occurring on its removal. Dr. Riedinger has found electricity successful in arresting this. One pole is applied over the nerves supplying the vessels, and the other over the wounded part. He uses the induced current and recommends it before removal of the bandage. Dr. Sayre's visit to London and his demonstrations of the use of his plaster of Paris jacket in spinal curvatures has revolutionized the treatment of these diseases in England. Dr. J. N. Hyde, of Chicago, has described (*Amer. Jour. of Med. Science*, July) an ingenious adaptation of this jacket to splints, in the treatment of hip-joint disease. The second case of scirrhus of the prostate on record occurred this year in Liverpool under Dr. Dickinson; the only other was reported by Mr. Adams in the *Lancet* in 1853. Mr. Harrison Cripps records a successful case of treatment of ozæna by the method of Rouge and Lousanne for removal of the necrotic bones by separating the nose and lip from the bone and turning them up. It has been again suggested during the year that joint grating may be best detected by means of the atethoscope. The treatment of necrosis by injecting the sinuses with sulphuric acid has been under trial. Sawdust (of Memel pine) pads introduced by Surgeon Major Porter have been tried during the year by Mr. Callender, at Bartholomew's. He highly extols them as a dressing where there is purulent discharge. Solutions of bicarbonate of soda have been revived as an application for burns. A case of fungus hæmatodes cured by chromic acid is reported.

Dr. Speare, of Rochester, has this year recommended paper

splints, made with manilla paper and book-binders starch; but these were used 25 years ago by Prof. Smith, and the late Mr. Hamilton, of Dublin. Mr. Timothy Holmes placed on record a case of direct wound of the ureter, an accident hitherto not mentioned in surgical works. C. H. Golding Bird, of Guys, has this year introduced a new treatment of scrofulous lymphatic glands by a painless electrolytic caustic, and narrates twelve cases treated by it. Mr. W. D. Napier has invented a self-retaining catheter with the point of retention in the fossa navicularis, and not the bladder as in others. Two pocket surface insulated thermometers, one by Dr. Mortimer Granville, the other by Dupre. A new rectal speculum, by Dr. T. B. Reed, of Philadelphia; and a new splint for fracture of patella, by W. E. Stevenson, M.R.C.S. Amussat's filiform whalebone conductor to bougies, catheters, &c. has come into more general use, and during the year Dr. F. N. Otis, of New York, has invented a somewhat similar instrument which he calls a prostatic guide to enable an India rubber catheter to be introduced in difficult cases. Dr. E. L. Keyes, of the same city, has also introduced something similar which he denominates a cable stylet, and which, besides its other use, will likely prove to be a better flexible probe than either Dr. Sayre's or Mr. Charles Steele's. Dr. J. A. Steurer, of New York, has invented a new form of urethral dilator, in which water is made to act as the distending force. An almost identical invention, but intended as a rectal dilator and explorer, simultaneously emanated from Dr. P. S. Wales, Medical Inspector, U. S. Navy. Dr. C. F. Taylor, of New York, has invented a new osteoclast by means of which a bone may be broken at any point of selection. Dr. Richard O. Cowling, of Louisville, Ky., proposes a new method of measuring the length of the limbs. Seeing that the iliac spines and legs are parallel he measures from the centre of the umbilicus around the sole of the foot back again to the point of beginning. Of course the difference found has to be divided by two to give the real difference. The third case of luxation of the xiphoid appendix on record is reported by M. Polaillon. A new material for splints has been introduced by Mr. Chiene, of Edinburg; it consists of layers of calico and shellac, such as used by wholesale

hatters. It is stiff when cool, and pliable when heated, and is about twice as cheap as "poroplastic" material. Gurjun balsam has been advantageously employed in gonorrhœa. At the meeting of the medical Association in Chicago, Dr. H. A. Martin, of Boston, gave a most glowing account of the results he had obtained in the treatment of ulcers of the leg by a special India rubber bandage.

ABSTRACTS AND EXTRACTS.

THE EMPLOYMENT OF THE SALICYLATE OF SODA FOR RHEUMATISM, GOUT, ETC., IN SCOTLAND, FRANCE AND GERMANY.

Dr. W. S. Caldwell, of Warren, Ills., writes a valuable letter, from Paris, to the Chicago *Medical Journal and Examiner*, under date October, 1877, on the use of salicin and the salicylates, from which we extract the following:

There is probably no disease in the whole nosology, that has had so many vaunted remedies brought forward from time to time for its treatment, as acute rheumatism; each in its turn enjoying a brief period of popularity, and sinking into obscurity after being tested and failing to meet the expectation of the profession.

Among the last of the remedies that have been brought to our notice for the treatment of this most troublesome disease, are salicin and the salicylates.

Since my arrival in Europe, I have taken every opportunity to consult the leading physicians in the different hospitals that I have visited, in order to gain from them their views in regard to the efficacy of these remedies in the treatment of the above disease.

My first observations and inquiries were made at Edinburg and Leeds. In Edinburgh I found the remedy in poor repute.

Prof. Sanderson declared to me that, after trying the salicylic acid to his entire satisfaction, he had become convinced that it was worse than useless in the treatment of acute rheumatism, on account of its tendency to derange digestion, and lower the vitality of the patient, without eradicating the disease for which it was given.

After testing alkalies with the same unsatisfactory results, he now

treats the disease entirely expectantly, shielding the parts involved from the air by carded wool, over which he applies oiled silk, administering anodynes to relieve pain when urgently demanded.

But, from what I have since learned, I am more than suspicious that his want of success arose from his not using the remedy in an efficient manner. Moreover, the preparation that he employs is not that which is preferable.

It will be seen from the title of this article, that I refer only to salicylate of soda. I do so in order to impress the reader with the idea, that this preparation of the salicylates and this one *only*, should be used in the treatment of acute rheumatism, for reasons that I shall take occasion to mention.

In Dr. Jacobhouse, physician to the Leeds Infirmary, I found one of the most enthusiastic students I ever met, and would add that he who travels through Europe for the purpose of making hospital and clinical observations, and does not, when in this city, visit the Leeds Infirmary, will have reason to regret it.

Dr. Jacobhouse, when I first made his acquaintance, had just concluded a series of observations on the treatment of rheumatism by the salicylates, and he entered at once into the spirit of my inquiries and gave me every assistance in his power.

His statistics included seventy-seven cases of acute rheumatism treated by the remedy under consideration.

In forty-five of these cases, the action of the drug was so marked that its value could not be doubted.

In these 45 cases the average duration of the disease was only three days, the longest being seven, and the shortest one day.

But in the whole 77 cases there were only five in which the remedy proved an entire failure.

Three of these proved fatal, two from the accession of typhoid symptoms, and one from the supervention of a cerebral complication.

The two classes of cases least benefited by the drug, were those of moderate severity, and those in which there existed extreme hyperpyrexia.

In the last mentioned class of cases, the cold bath was added to the other treatment with excellent results.

Cardiac complications supervened in only two out of the 77 cases after the treatment was begun.

In the management of the patients, the plan pursued was to allow them to remain in the wards well covered up in bed for from one to

three days, before any active treatment was instituted. This was done in order to observe whether the disease was one of a true rheumatic character, or only an abortive form of the complaint.

The doctor tested, in the treatment of these cases, salicin, salicylic acid and the salicylate of soda; and although each exercised a powerful influence in arresting the disease, he believes that the last mentioned preparation acted most energetically, and, as it is the most pleasant to the taste of the patient, as well as least disturbing to the stomach, he gives it the unqualified preference.

The plan pursued was to put the patient upon the salicylate of soda in thirty grain doses every four hours, until the temperature was reduced to the natural standard, and all other symptoms ameliorated. After this result had been obtained, the remedy was given three times a day for a week or ten days, to prevent a relapse.

In looking over the records of the cases, I found the influence of the remedy upon the temperature of the patients was most marked. In 40 of them it was reduced to the natural standard within twenty-four hours, and never arose again.

If the remedy produced symptoms akin to cinchonism, the dose was reduced, but not discontinued.

In London I did not find any enthusiasm among those with whom I conversed on the subject, in favor of the salicylic treatment of rheumatism.

Even in so late a work on the Pratice of Medicine as that of Dr. Bristowe, an article on acute rheumatism, only refers to the remedy in these words: "Salicylic acid in hourly doses of from 7 to 15 grains, has recently been largely employed, especially in Germany, with reputed success."

The author proceeds to recommend the use of free diluents in the form of lemonade, keeping his patient warm in bed, as a principal resource in the treatment of this disease.

When I arrived in Paris, I found the subject of the therapeutical effects of the salicylates under discussion before the Academy of Medicine, which discussion was elicited by a series of original articles read before that august body, by Prof. Germain Sée. These papers were all published in *La France Medicale*, and as I not only translated these, but also interviewed on several occasions, Prof. Guéneau de Mussy, of the Hôtel Dieu, I proceed to give below in a greatly condensed form, some of the facts elicited.

After a learned account of the discovery of salicin in 1830, by

Leroux of Vitry, in France, the author of the paper dwells at some lengths on the different salicylates, as well as the diseases for which they have been given, and, summing up his experience in their use, says: "It is the salicylate of soda that I now almost exclusively employ."

A large number of experiments upon animals, to test the physiological effects of the remedy, are detailed at length.

These experiments demonstrate that it is a most powerful agent, and one that should be used with care.

Rabbits, in whose veins were injected from 1 to 2 grammes of the salicylate of soda, died after two or three of such injections, death being preceded by extreme dyspnœa and convulsions.

One case was reported of an old man, who died after administration of the drug in large doses, and in whose case, a suspicion at least arose, as to whether his death had not been produced by the medicine. The effects of the remedy on the temperature of animals were almost nil. In animals without fever, the remedy given in large doses, only lessened the temperature, on an average, 9-10°.

Furbringer injected pus into the blood of sixteen dogs, to produce septic fever, and then gave the salicylates to test their influence in lowering their temperature. It was slightly diminished in 9 cases out of 16.

Prof. Sée therefore concludes, that the effect of the remedy in abating the temperature of the body, is only such as is produced by its disturbing influence on the circulation and respiration.

Its action upon the kidneys is most marked, and it is probable that its efficacy in lowering the temperature in rheumatism, is due to its action in eliminating through these organs, the *materies morbi* upon which the disease depends.

Ten minutes after the medicine is given, it may be discovered in the urine by adding a very weak solution of the perchloride of iron to that fluid, giving a violet color.

It is also eliminated from the system so rapidly by the kidneys, that to keep up its effects, the doses must be frequently repeated.

So powerfully does it stimulate these organs that those who discussed the subject at the Academy were generally of opinion that it should be used with great care where any kidney lesion exists; and, as a precautionary measure, we are recommended to test the urine before beginning the use of the remedy if there be the least suspicion of kidney disease.

Prof. Sée says on this subject: "If there exists any renal lesion it is necessary to prescribe the salicylic acid with great prudence, without which, even with a small dose, accidents may supervene."

The dose seems to be a matter of extreme importance; for, while the remedy is an active one, and may poison patients if given too largely, on the other hand, when given too sparingly, it may fail to produce any curative effect upon the rheumatism.

M. Sée gave his patients from eight to twelve grammes in the twenty-four hours, with the most happy results: while M. Oulmont, who gave only four grammes in the twenty-four hours, found no benefit from the remedy in the treatment of the same disease.

"If given in sufficiently large doses to produce its physiological effects (salicysm), we have inebriety, noises in the ears, and sometimes staggering."

We now pass to M. Sée's observations in "the treatment of rheumatism and gout by the salicylates."

After giving Stricker, of Germany, the credit of having first brought to the notice of the profession the use of these remedies in acute rheumatism, and acknowledging that his residence on the other side of the Rhine has prevented his views from being sooner adopted in France, he details his experience by an analysis of the following cases:

There were in all 52 patients suffering from acute rheumatism, 44 in the hospital and eight in private practice.

Six grammes of the salicylate of soda dissolved in 200 grammes of water were given five times in the twenty-four hours.

To quote M. Sée's exact words as to the results, he says:

"Now in all these cases the duration of attacks treated by the salicylates did not exceed three days. There was not one single exception.

"The age of the patient did not change the result in the least."

"In the case of two children, the one 8 and the other 12 years of age, I prescribed the remedy in doses of from 1 to 3 grammes every hour, and the success was complete in two days.

"Rheumatism existing two, four, eight, and fifteen days was arrested at the end of two or three days.

"This is what we generally observe:

"The cessation of the pain; this generally abates in from twelve to eighteen hours, and the phenomenon was constant.

"The articular inflammation disappears in from one to three days.

"Movement again becomes free and easy by the third day.

"I have seen patients whose inferior extremities had been entirely immovable, get up at the end of two or three days."

On the necessity of continuing the treatment after the patient is apparently well, M. Sée says: "Nevertheles the treatment cannot be considered as complete, unless it be continued for ten or fifteen days at least; without which a relapse is inevitable. The reason of this is the rapidity with which the remedy is eliminated from the system.

"I sometimes suspended the treatment on purpose; and when the relapse occurred, I prescribed anew the same medicine, and the same effect followed as at first.

"Sometimes repeated this experiment two or three times on the same patient.

"I will conclude by saying that relapses never occur when we continue the treatment."

On the influence of salicylic treatment in the cardiac complications of rheumatism, M. Sée observes:

"Does the salicylic treatment exercise an influence favorable or unfavorable on the development or course of the complications and accompaniments so frequent in acute articular rheumatism?

"In those who entered the hospital in the three first days of the disease, I have not seen developed a single case of inflammation either of the pericardium or endocardium; and it may be logically inferred that, if the remedy 'strangles' the disease, we anticipate the invasion of the membranes of the heart."

He acknowledges, however, that the immunity from heart disease in the cases that he treated is not corroborated by the German physicians who used the same remedy; but he thinks the reason for the difference is owing to the vacillating manner in which the latter employed the medicine at the outset.

In those patients who, from long continuance of the complaint before the treatment was begun, or from a previous attack of the disease, had already cardiac lesion, no influence seemed to be exerted by the salicylates as far as such complications were concerned.

M. Sée closes his remarks on the results of the salicylic treatment of acute rheumatism, by contrasting them with the records of 108 cases treated by the ordinary method now in vogue.

"Of these 108 cases, 10 had a duration of from 5 to 15 days; 58, from 16 to 20 days; 40, from 36 to 55 days, and upwards, therefore, 10 out of every 108 cases, get well in from 5 to 15 days, and 98 out of every 108, may expect their recovery on an average of 36 days."

Certainly if statistics are worth anything, these results are stupendous; in fact, nothing better can be desired.

In my interviews with M. Guéneau de Mussy, though I found him a warm advocate of the salicylates in rheumatism, his results had not been as flattering as those of M. Sée.

Chronic Rheumatism.—Though the number of cases recorded by M. Sée of this type of rheumatism treated by him, are not sufficiently large, perhaps, to warrant his enthusiastic deductions, yet, in view of the unsatisfactory character of the results that we generally obtain from any hitherto known remedies for the treatment of this disease, the results will certainly gain for his assertions a careful hearing and a disposition to test their accuracy.

The remedy was prescribed in the same dose as for the acute form of the disease. M. Guéneau de Mussy gives ten grammes three times a day of the salicylate of soda.

M. Sée says:

"My expectations were realized in a most happy manner. The attack disappeared exactly as in acute articular rheumatism, at the end of three or four days.

M. Bouchard has succeeded in four old men in the same happy manner.

"A patient who had had general chronic rheumatism for eleven years, confining him to his bed for from four to six months of each year, after six days' treatment was able to leave the hospital, all his joints unaffected.

"In five private patients, I observed exactly the same phenomena; the tumefactions of the joints which had existed for several months, and in one for three years, disappeared at the end of six or eight days' treatment.

"The medicine was kept up for a month."

Of course M. Sée does not claim these brilliant results in patients whose joints have undergone extensive organic changes from the ravages of this disease; but even in these, sub-acute paroxysms, to which they are so liable, can be promptly relieved by salicylic treatment.

Gout.—In the application of this remedy for the treatment of this disease, both in its acute and chronic forms, M. Sée's observations claim entire originality.

Not only do all the painful and inflammatory symptoms disappear, but also the chalky deposits about the joints are absorbed, and

patients who have been such sufferers, that life had become a burden, walk forth after a few weeks use of the remedy, restored anew to health, and freed from one of the most painful disorders to which the human family is subjected.

Lumbago and Sciatica.—The fact elicited from the discussion of the therapeutic effects of this remedy at the Academy, were somewhat conflicting as to its efficacy in the above diseases; but the opinion prevailed that as the cause that produced them was often rheumatic in character, it should always be given an early trial in their management.

Typhoid Fever.—From the known properties of the drug in arresting septic changes when applied locally, as well as on account of its reputed value in lowering the temperature of the body, great hopes were entertained that in it we should find a valuable auxiliary to our other modes of treating this most formidable disease.

But most of those who took part in the discussions at the Academy of Medicine, were not enthusiastic as to the results that they had attained.

M. Sée took the ground that the medicine is not an antipyretic in the general acceptance of that term, and that the remedies given by the stomach, with a view to their acting antiseptically upon a portion of the intestines, so remote as that effected in this disease, could not be relied upon.

Neuralgia.—M. Sée found the drug act as a decided anodnye in most nervous diseases, and used it with success in a number of cases of the above disease.

He often substitutes it for the different preparations of opium with the happiest results.

EDITORIAL.

Drs. Rohé & Leonard of this city have invented an apparatus for the administration of ether, which we have used with great comfort and satisfaction, and can recommend it to the profession as an economical, time-saving and efficient inhaler, preferable in our opinion to any thing of the kind we have ever seen used. The apparatus consists of a rubber mouth piece, such as is used by dentists for the administration of nitrous oxide gas, attached to a silk rubber bag, lined with

flannel. In the administration of ether the mouth-piece is placed closely over the nose and mouth of the patient and all air excluded. Two or three ounces of ether having previously been poured into the bag, the patient inhales the fumes of ether and his own expired air breathing all the time in the bag. By this method nothing but ether is inhaled and the patient is rapidly anæsthetized, only some 3 or 4 minutes being required in place of 10 to 15 minutes as is generally the case with other inhalers. An objection has been raised against the apparatus, on the ground that the patient is forced to inhale his own expired carbonic acid gas, and that danger might result from poisoned air. We think this objection fanciful, still this precaution will obviate all danger: Remove the apparatus now and then and force out the foul air, the bag readily fills with pure air, and the administration may be continued with perfect safety. Drs. Rohé and Leonard offer their invention to the profession and any physician desiring the apparatus can purchase the materials at any rubber store and construct one for himself at the trifling cost of about three dollars. Try it.

A New Journal.—Number one of volume one of the revived *North Carolina Medical Journal* is upon our table. It is published at Wilmington, North Carolina, and edited by Drs. M. J. DeRossett and Thos. F. Wood, the former for awhile resident of this city, but now of New York.

We congratulate Drs. DeRossett and Wood on the handsome appearance of their publication. It is a model of typographical excellence, while its table of contents is replete with just such valuable and interesting matter as will suit the requirements of the profession.

Prof. Edward Warren, M. D., C. M., writes an interesting letter from Paris, of which city he is a resident, for this number.

May the career of this new candidate for professional favor, so auspiciously begun, be one of continued success and usefulness.

The Seventy-First Annual Commencement of the University of Maryland School of Medicine will take place at the Academy of Music on March 1st at 12 o'clock M. The address to the graduating class will be delivered by Prof Dan'l. C. Gilman, President of the Johns Hopkins University. On the afternoon of the same day the Alumni meeting and Banquet will be held at the Rennert House, to which all of the Alumni of the school are cordially invited by the Faculty. On this occasion Prof. S. C. Chew will deliver an address

on the "character and professional works" of the late Prof. Nathan R. Smith. Dr. James Carey Thomas, of this city, will deliver the address before the Alumini.

College of Physicians and Surgeons Commencement.—The Annual Commencement of the College of Physicians and Surgeons will take place at the Academy of Music on the evening of March 6th.

Major John W. Daniel, of Lynchburg, lately a prominent candidate for Governor of Virginia, will deliver the address to the graduating class. Aside from the interest all the friends of the Faculty and students must feel in such an interesting event the known popularity of Major Daniel, as an orator and scholar, will doubtless attract a large crowd to the Academy.

Dispensary for Skin Diseases.—A dispensary for the free treatment of skin diseases, has been established under the auspices of the College of Physicians and Surgeons, at the City Hospital, in this city.

Dr. Geo. H. Rohé, who has made a special study of skin diseases, has charge of the dispensary which is open once a week.

Death from Chloroform.—The *Lancet* (Dec. 8, 1877) reports a case of death during the inhalation of chloroform preparatory to undergoing an operation. which occurred in South Wales.

It is perhaps too much to say that any anæsthetic is entirely free from danger under any and every circumstance, however much care may be used in its administration.

The Virginia Medical Monthly, for January, contains the complete transactions of the Medical Society of Virginia, 1877. It also presents an engraving and biographical sketch of Dr. Lewis A. Sayre, of New York. The enterprise of the editor of the *Monthly* is highly commendable and deserves recognition.

BRIEFS.

THE following formulæ are recommended by Dr. L. P. Yandell, jr., in the *Louisville Medical News:*

LAXATIVE PILL FOR HABITUAL CONSTIPATION.

℞ Ext. bellad. - - - - - gr. x;
Ext. nucis vom. - - - - - gr. xx;
Ext. colocynth comp. - - - ʒviij.

Ft. mass. D. in pil. No. xl. S. One every night, or as often as needed.

EXCELLENT TONIC.

Tinct. fer. citro-mur. - - - - - ʒj;
Syrupi. - - - - - - - ʒij;
Ol. limon. - - - - - - q. s.

M. S. Teaspoonful after meals or oftener.

PERFECTLY TASTELESS QUININE MIXTURE.

℞ Quinæ sulph. - - - - - ʒj;
Acidi tan. - - - - - - gr. xv;
Syrupi tolut. - - - - - - ʒiij.

Misc vem. S. Shake well before using.

THE preparations of grindelia robusta have proved of decided benefit in asthma.

The following is said to be a sovereign remedy in the vomiting of pregnancy:

℞ Tinct. Nucis Vom., Liq. Bismuthi, āā. ʒss. M.

Sig. Teaspoonful three or four times a day, a dose just after each meal.

BOOKS AND PAMPHLETS.

MODERN MEDICAL THERAPEUTICS. By Geo. H. Napheys, A. M., M. D., etc. Fifth edition, enlarged and revised. Philadelphia, D. G. Brinton, publisher.

This volume, in the language of its author, "differs from ordinary works on the Practice of Medicine, in being devoted *exclusively* to Practice; from works on Materia Medica, in treating only of Therapeutics; and from a Formulary, in that it is not a mere collection of prescriptions, but aims at a systematic analysis of all current and applied means of combatting disease."

We have examined this work carefully with the special view of determining its value to the profession and find that it meets all the requirements of the busy practitioner whose time will not admit of extended reference to and examination of many authorities. It is arranged in a convenient form for ready reference and will be found useful on all occasions.

MODERN SURGICAL THERAPEUTICS. A compendium of current formulæ, approved dressings, and specific methods for the treatment of surgical diseases and injuries. By George H. Napheys, A. M., M, D., etc. Revised and brought down to the most recent date. Philadelphia, D. G. Brinton, publisher.

This volume occupies a field hitherto unsupplied and fils a need long felt, in that it gives only the Therapeutics of Surgery in brief leaving the description of operations and appartus to those more extended efforts comprehended in the text books.

These two books, in former editions combined in one, are most valuable additions to medical and surgical literature and evince great care and research on the part of their author.

The publisher presents them in good taste, the typography and general make-up being excellent.

Price, respectively, mailed postpaid to any address.—Cloth, $4.00. Full Leather, $5.00.

OBITUARY RECORD.

Robt. M. McLane, jr., a medical student at the University of Maryland, died at the residence of the Hon. Robt. McLane, in this city, on the 27th inst. of double pneumonia. He was a young man of great popularity and fine promise, and his sudden death has cast a gloom over his classmates which will not soon pass away.

The following resolutions have been passed by his classmates :

Whereas, Almighty God in his infinite wisdom has seen fit to remove from our midst our esteemed friend and classmate, Robt. M. McLane, Jr.,

Resolved, That we, his classmates, feeling deeply the loss of one of the most promising of our number, do hereby extend to his family and relatives our utmost sympathy and condolence in this their hour of sorrow and affliction.

Resolved, That a copy of the above resolutions be inserted in the Baltimore and San Francisco daily papers, and MARYLAND MEDICAL JOURNAL, and that a copy be sent to his family.

T. BARTON BRUNE,
HERBERT HARLAN,
J. G. TURNER,
JOS. F. TEARNEY,
H. B. GANTT. } *Committee.*

JOURNALISTIC.

DR. THOS. DWIGHT retires from the editorship of the *Boston Medical and Surgical Journal*, leaving Dr. J. C. Warren editor-in-chief.

A new journal to be called the *Lancet* will soon appear in Detroit to supersede the *Detroit Medical Journal*. Drs. Cleland and Connor will be the editors.

DR. GALT retires from the *Louisville Medical News*, and is succeeded by Dr. L. P. Yandell jr.

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ORIGINAL PAPERS.

TINEA TRICHOPHYTINA, OR RINGWORM.

BY GEORGE H. ROHÉ, M. D. LECTURER ON DISEASES OF THE SKIN, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

Thirty-five years ago, Malmsten discovered in the contagious disease of the hairy scalp, previously known under various names, such as porrigo scutulata, herpes tonsurans, tinea tondens, ringworm and many others, a vegetable parasite, belonging to the family of fungi, and named it Trichophyton tonsurans, and for the disease in which the parasite occurred he proposed the name, Trichomyces tonsurans.

This parasite has not only been found in the hairs and epidermis from ringworm of the head, but also in ringworm occurring upon various parts of the body. It seems to be therefore in accordance with sound principles of classification, if we arrange the various forms of disease in which this fungus is habitually found upon an etiological basis with the generic title; *Tinea Trichophytina.*

This arrangement was first adopted, I think, by Dr. McCall Anderson,*who heads the second division of his parasitic diseases, Tinea Trichophytina, giving as varieties:

Tinea tonsurans, ringworm of the head,
" circinata, " " " body,
" sycosis, " " " beard.

*The Parasitic Diseases of the Skin 2nd Ed. London, 1868.

The same arrangement is adopted by Prof. Duhring, in his recently published, very excellent book† as well as by Tilbury Fox,‡ who adds another variety, naming it Tinea Kerion. The Germans speak generally of herpes tonsurans, of the hairy scalp, which is a pleonasm, and herpes tonsurans of the non-hairy parts of the body, which is an absurdity.

Dr. L. D. Bulkley first proposed the following nomenclature:

Tinea Trichophytina corporis, ringworm of the body,
" " capitis, " " " head,
" " barbæ, " " " beard and sycosis parasitica
Tinea Trichophytina cruris, " " " perineo-crual, region commonly known as eczema marginatum.

This last classification would doubtless be at once generally adopted, if there were no differences of opinion regarding the relation of so-called parasitic sycosis and eczema marginatum to ordinary ringworm. The history of the cases to be immediately related, as well as the results of the experimental inoculations of which I shall give an account, go to show what is now generally accepted as true, *i. e.*, that ringworm of the scalp, and ringworm of the body are dependent upon the same cause, are, in fact one disease, with different manifestations, dependent upon the anatomical differences in the tissues which are the seat of these manifestations. I would therefore, considering the etiology of parasitic the following nomenclature as warranted by our *positive* knowledge on the subject.

sycosis and eczema marginatum as still under discussion, propose

Tinea Trichophytina capitis, ringworm of the head,
" " corporis, " " " body,
" " barbæ, (sim.)" " " beard,
" " unguium or onychomycosis, ringworm of the nails.

The following are the cases above referred to:

On the 3rd of October, two boys, aged respectively 5 and 11 years, were brought to the dispensary of The College of Physi-

†A Practical Treatise on Dis. of the Skin, Phil. 1877.
‡Skin Diseases, New York, 1871

cians and Surgeons for treatment of an affection of the skin. Upon examination, the younger of the two boys (whom for convenience, I shall call Willie,) presented the following character:

On the crown of the head a little to the right of the junction of the interparietal with the fronto-parietal suture was a crusta-ceous patch about 3 c. m. in diameter, (about the size of a silver half-dollar.) The hairs upon this patch were broken off 2 to 4 m. m. above the skin, dry and loose. They could be easily extracted with the fingers or the epilating forceps, and this proceeding caused no pain. The patch was circular, pretty thickly covered with scales, beneath which was a thin layer of pus. The border of the patch was slightly elevated and reddened. Just around the border were a number of dry, loose hairs. Four or five other spots of less size (one-half to 2 c. m. in diameter) were observed upon various parts of the scalp, presenting similar appearances to that just described. This boy was stripped and upon his right thigh was noticed an elongated dirty-yellowish spot (4 c. m. long by 2 c. m. wide) covered with dry scales. About a decimeter posterior to this patch, was a smaller circular one similar to it in appearance. The other patient was then examined and upon his head was found a small patch (about 1 c. m. in diameter) in all respects similar to the patches observed upon the head of Willie. On the right arm near the elbow was also noticed a yellowish, dry, scaly spot, (about 2½ c. m. in diameter).

Both boys were moderately well nourished and seemed to be in good health. The elder boy attended school regularly.

The only subjective symptoms noted in both cases, was slight itching.

The history of the eruption in these cases is as follows:

The largest patch on Willie's head was first noticed by his mother about six weeks before. The spot at that time was about 1½ c. m. in diameter and covered by a crust. Some of the hairs were broken off close to the skin. The affection was ascribed to "impurity of the blood" and the boy dosed with various domestic remedies in the shape of "herb teas." Notwithstanding this treatment the patch continued to increase slowly in size and others made their appearance.

About 3 weeks previous to the time these patients came to the dispensary, the elder boy began going to school (and as a result of this, I presume, his toilet was more carefully attended to). The same comb, towel, &c., were used upon him that were used upon Willie (who, it will be recollected had the eruption on the head 3 weeks before that time). Within two weeks the spot above described as observed upon the elder boy's head was noticed by his mother, and both boys were brought to the dispensary on Oct. 3, as before stated.

From this sketch of the clinical history of the two cases the diagnosis is perfectly clear. The affection was evidently propagated by contagion, and the appearances corresponded exactly with the descriptions given in dermatological works of tinea or herpes tonsurans, and circinata, or to use the ordinary appelation —ringworm; but which, in accordance with the nomenclature mentioned, I will call tinea capitis and tinea corporis. The treatment directed consisted in washing the diseased spots with soft soap and water twice daily, and afterwards rubbing well into the diseased skin carbolised oil (1 pt. carbolic acid to 15 parts linseed oil). No medicine was given internally.

On Oct. 22, the spots upon the body had disappeared, and those upon the head were clean, hairless and somewhat red. The improvement continued and at the time of writing, about ten weeks after beginning treatment, the scaling has ceased and the hairs are growing finely.

Permanent baldness, even in very severe cases rarely results. I recall four cases of this disease in one family, treated last spring, in one of which over half of the scalp was completely bare. I saw this patient a few weeks ago and he has now a beautiful crop of hair.

In order to verify the diagnosis in these cases, I made inoculations* from both the patches on the head and on the body, upon my left arm, on Oct. 5th. No effect was noticed until Oct. 13, when slight, intermittent itching was noticed at the point inoculated

*An abstract of these experimental inoculations has been published by Dr. Edward Wigglesworth, in a paper on "*Auto-inoculation of vegetable parasites of the skin &c.*" *Archives of Dermatology*, *Vol.* 4, *No.* 1, *Jan'y*, 1878.

with the scales from the head. The spot on examination was slightly tumid. On the 16th, the spot was about 1 c. m. in diameter, and the itching moderate; the border was distinctly papular and bright red. On the 19th, hemp-seed sized vesicles were observed around the border of the patch which was extending. On the 22nd the itching was a little more severe, and the patch had increased to 2½ c. m. in diameter, vesicles intact. On Oct. 26th, the vesicles had all ruptured or dried up, leaving rather large white scales. Itching had ceased. A microscopic examination of the scales showed profuse mycelial growth, but very few spores. On this day another inoculation was made from the inoculations made with the scales from the body, no result was obtained.

The result of these inoculations with the clinical history of the cases themselves prove not only that the affection was tinea trichophytina, but also that tinea capitis and tinea corporis, are essentially the same disease, and due to the same cause, the trichophyton fungus.

But whether we can further extend the observation, and say that the disease known as parasitic sycosis, is simply tinea barbæ, and eczema marginatum, tinea cruris, is by no means so well established. Thus while Hebra, and some other dermatologists, principally of the Vienna School, for a long time denied the existence of such a disease as parasitic sycosis, arguing that if a fungus had been found in some cases of sycosis, it was merely accidentally present and not etiological, Tilbury Fox, on the other hand, following some earlier French writers, holds that all cases of sycosis are parasitic, the non-parasitic folliculitis barbæ finding no place in his system. Most of the younger dermatologists however, represented in this country especially by Professors Duhring of Philadelphia, and White of Boston, accept a true non-parasitic sycosis, and also an affection which they term parasitic sycosis, regarding the latter as merely an advanced stage of ringworm of the beard. And it is in accordance with this view that Dr. Bulkley's scheme of classification contains the sub-variety of tinea trichophytina which he terms tinea barbæ. It seems to me however, that the running together of simple ringworm of

the beard and parasitic sycosis for the sake merely of completing an etiological classification involves too much assumption and lacks a very necessary basis of "facts.'

Every physician has seen cases of ringworm of the beard, and is familiar with its appearance and clinical history. In the majority of cases it is a circular or oval scaly patch, with a red, elevated, papular or vesicular border. Can any one recognise this disease in the following description of sycosis parasitica taken from Duhring's excellent work on diseases of the skin?

"*In a short time* the skin becomes distinctly nodular and lumpy, with points of pustulation about the openings of the hair-follicles. Not only the skin but also the deeper tissues are involved, giving rise to thick, bunchy, firm, or even quite hard masses of induration. The surface is of a deep reddish color; has a passively congested appearance; and is studded with variously sized tubercles and pustules, which render the part greatly disfigured. The tubercular formations are a characteristic feature of the disease; they vary as to shape and size, but are for the most part irregularly rounded, and as large as split peas and hazle-nuts. Very commonly they coalesce, producing large, uneven, lumpy patches. The amount of suppuration varies, depending upon the irritation of the fungus and the grades of inflammation set up. In certain cases it is an early symptom, and proceeds actively, pustules of all sizes forming about the follicles; at times these break down, and are succeeded by thick crusts, similar to those of pustular eczema. Beneath these crusts will usually be found an uneven, moist or raw, red surface, with yellowish points, discharging a glairy, glutinous material, and resembling in appearance the cut surface of a fig (whence the name sycosis). In other cases but slight pustulation takes place, the process being one rather of deep, seated tubercular induration throughout its course.† "The resemblance between ordinary ringworm of the beard, tinea barbæ, and the symptoms just sketched is certainly not a very striking one.

I believe that sycosis parasitica is in most, if not in all cases true sycosis in which trichophyton is accidentally present, and

†Duhring. A Pract. Treatise on Diseases of the Skin, Phila. 1877, pg. 554.

very probably, the irritation of the fungus heightens the morbid process.‡ My reasons for excluding the trichophyton fungus from the etiology of so-called parasitic sycosis, are briefly these: Tinea barbæ has been observed hundreds of times without developing into a sycosis-like affection, even though the parasite had been present for many months. On the other hand when parasitic sycosis has been carefully observed it has usually become fully developed in three to four weeks. I remember two cases of ringworm of the beard which had lasted a long time, in the one case six months, and in the other over a year, and yet neither would have been called *sycosis* by any well informed physician.

A like discrepancy of opinion exists with regard to an affection of the skin first described by Von Barensprung under the name of *Erythrasma*, but afterwards more fully described by Hebra, and named by him Eczema Marginatum and which forms the tinea cruris of Dr. Bulkley's classification. It affects usually the skin of the perineum, scrotum, upper portion of the thighs, and lower portion of the abdomen. It spreads centrifugally, having a red, slightly elevated, eczematous border, and leaving a pigmented centre. It remains localized for a long time and is usually extremely resistent to treatment, and when apparently cured frequently relapses. The itching is very severe. Duhring, although usually extremely satisfactory and complete in his descriptions of skin diseases, only refers to it as being "a severe form of tinea circinata" (tinea corporis.) In this affection, however, just as in sycosis, the clinical history is so entirely different from simple ringworm of the body, that no one without a preconceived notion about the etiological relations of eczema marginatum would ascribe the process to the trichophyton. The itching which—if present at all in ringworm, is moderate and intermittent, is severe and persistent in eczema marginatum. While ringworm patches are generally dry and scaly, eczema marginatum, as its name implies, has a decidedly eczematous aspect. Ringworm of the non-hairy parts of the body is usually easily and rapidly curable,

‡The case of parasitic sycosis recently published by Kaposi. (*Hebra & Kaposi, Hautkrankheiten, Bd.* 2, pg. 654.) raises the suspicion that the fungus may be some other than the trichophyton.

eczema marginatum, as already stated, is extremely obstinate and liable to relapse. I have seen the upper layers of the skin destroyed with pure carbolic acid, and the itching return on the same spot when the epidermis had been regenerated. In this case I made a microscopic examination, but failed to find any trace of fungus. It may be said that I was mistaken in the diagnosis, but I do not think so. Instead therefore of arranging all cases of eczema marginatum, as merely a variety of ringworm, tinea cruris, I think it more correct to consider it one of the four following conditions:

A. Simple ringworm—tinea cruris.—This is easily curable.

B. Tinea cruris, upon the seat of which eczema has become developed.

C. Eczema in which the parasitic element has become accidentally superadded, and D. simple eczema of the parts.

Such an arrangement not only reconciles differences, but is, I think, the most rational and for these reasons:

Sometimes the disease resembles ordinary ringworm and is easily curable.

At others it begins as ringworm, but becomes eczematous; again, it begins as eczema but extends with a sharply defined border; and finally it runs its whole course as an eczema. In the first three varieties the trichophyton fungus is present and may be discovered with the microscope. In the last form no fungus can be found.*

The parasitic disease of the nail, known as onychomycosis is doubtless due to the presence of the trichophyton, as besides the discovery of the parasite, it has been frequently seen to be developed in connection with ringworm upon some other part of the body. The fungus of favus—achorion schoenleinii, also sometimes infests the nails. The lemon-yellow color will suffice to distinguish the latter.

The diagnosis of tinea trichophytina is generally easily made with the microscope. Either the spores or mycelium, or both,

*The well-defined border of eczema marginatum has been considered a proof of its parasitic nature. I have very recently seen a severe case of eczema intertrigo in a young child, in which the limits between the inflamed and the healthy skin were extremely sharp. Here there could be no question of a parasite.

are present during the entire course of the disease, although at times careful search will be necessary to find them. In the early period of the affection, the mycelium is present in great profusion and perfection, while the spores are few in number. At a later period, the spores are numerous while the mycelium is broken up into short tubes containing spores here and there within their lumen. The readiest method of examining them is to place a few small scales upon a glass slide and moisten them with a drop of liquor potassæ or aq. ammoniæ, in ten or fifteen minutes they may generally be well made out.

But a few words will be necessary concerning treatment. Frictions with soft soap to remove the scales, then parasiticides, sulphurous, carbolic or boracic acids, the hyposulphites and sulphites, borax, tincture of iodine, corrosive sublimate are doubtless all good. It doesn't so much matter what particular remedy is used as how it is used. Dr. Bulkley prefers the sulphurous acid, I have usually found carbolic acid in form of carbolised oil, one part to fifteen, or ointment, to answer well, and now nearly always use it. According to my experiences, systematic epilation, which is insisted upon by all writers on the the subject—is not at all necessary. If the soap frictions are properly performed, the diseased hairs come out of themselves, so to speak, and after three or four washings the affected patch is clean. The parasiticide should be continued for some time after the entire disappearance of the disease to prevent relapses.

The question of the botanical relations of the fungus of tinea trichophytina to that of favus and tinea versicolor I shall reserve for investigation and discussion hereafter.

ELECTRICITY IN MEDICINE.

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[*Read, by request, before the Academy of Medicine.*]

GENTLEMEN: In bringing before you the subject of the medical uses of Electricity, I have not for my object the advancing of any novel views of my own, nor even an attempt to go into a discussion of the conflicting views of others, but simply the urging upon your attention some of its salient points, with the hope of stimulating some of you to work in this fruitful, but comparatively little cultivated field of therapeutics.

Electricity has for a very long time been employed in the treatment of disease in the most absolutely empirical manner, based upon a vague, and erroneous idea that nerve force (whatever that may be,) and Electricity were identical, and that an agent that could excite nerves, and cause muscles to contract, *must* be beneficial in all cases where nerves were diseased, or muscles paralyzed. As Wilks, in his recent work on diseases of the nervous system, has said, "for a long time the only electricians were the most notorious quacks." "It can scarcely then be wondered at that respectable medical men up to the present day held aloof from the subject of Electricity, and regarded it, at the best, as a pretty plaything for their patients." It is within comparatively a few years that the effort has been made to formulate what we know of the effects of Electricity on the human body in health and disease, and to point out in which direction future observation must be made, to gather material for filling the great gaps in our knowledge of the subtle, and obscure therapeutic workings of this agent.

Two kinds of Electricity are now very nearly exclusively used for medical purposes, viz. the Faradic, or induced, or as it is often improperly designated, the interrupted current, and the Galvanic, or chemical, or, as it is frequently called, continued current. It is of the utmost consequence in the clinical employ-

ment of Electricity to keep clearly in mind the different qualities of these two currents as we obtain them from the batteries in use for medical purposes, and their different effects upon the nervous system, muscles, and tissues of the living human body. I say the living human body, because the various effects of Electricity observed by experimenters on animals, especially those low in the scale, and the laws deduced from them, do not hold good in all points for electricity when applied in the manner usually employed in medicine.

The Galvanic current, generated by chemical action of a fluid on two different metals, or carbon and metal immersed in it, passes theoretically in an uninterrupted stream from the copper, carbon, or positive pole through whatever conducting substances are interposed to the zinc, or negative pole It generates heat, and effects the chemical decomposition of fluids through which it passes, the oxygen accumulates at the positive pole, the hydrogen at the negative pole, this we call Electrolysis. During the passage of the galvanic current, unless it be of great strength, the muscles do not contract, the motor nerves are not excited, it is at the moment that the electrodes are applied to or removed from the body, or that we otherwise close or interrupt the circuit that the exciting effects of the circuit on nerves and muscles are seen.

The phenomena of excitation in healthy nerves and muscles may be formulated as follows:

With a weak current closing the circuit by placing the negative pole or Kathode over a nerve, or muscle (the positive pole or Anode being already in contact with some other part of the body,) causes a contraction, thus shortly expressed K. C. C. (Kathode closing contraction). If the poles be reversed in position and with the same current the circuit be closed with the anode there is no contraction. If the current be increased in intensity the poles being in their first position the K. C. C. is increased, and if we now reverse the poles, we find that upon closing the circuit with the anode no contraction is produced, but that if we *open* the circuit by removing the anode, a contraction follows expressed by A. O. C. (anode opening contraction,)

with a slight increase of the current or (sometimes with the same strength,) we have A. C. C. (anode closing contraction). If the current be still increased in strength, all the preceding contractions are increased, and we have a tetanic contraction of muscles upon closing the circuit with the Kathode, K. C. T. (Kathode closing tetanus). Thus we have, weak current *K. C. C.*, moderately strong *K. C. C. and A. O. C.*, strong current *K. C. T.*

As these laws of contraction are frequently modified in disease of the nervous system, a knowledge of them is absolutely necessary for the correct use of electricity, as a means of diaqnosis, and prognosis.

The contractions caused by closing, or opening the circuit are more vivid the greater suddenness we give to the interruption. as when we make the break in some part of the metallic conductors which lead the current from the battery to the body. If we use an arrangement by which the current is suddenly reversed while it is passing through the body, so that the Kathode, becomes the Anode, and vice versa the exciting effects on nerves, and muscles is still further increased.

The effect of the Galvanic current on the nerves of common sensation, is strongest at the negative pole, causing a sensation of pricking, or sticking which amounts, with an increase of the strength of the current, to a sensation of burning, which may become extreme.

The nerves of special sense except the olfactory are readily, and strongly excited by the galvanic current, and exhibit there specific energies. Thus we have sensations of taste, sight and hearing aroused by the excitation of these nerves with the galvanic current.

The electrolitic action of the galvanic current on the living tissues is very decided when we have caused the conductors to penetrate through the skin, (as when needles are used,) but although we may justly suppose that this action takes part in the general effects produced by galvanisation as it is usually conducted from the surface, the evidence of its effects is very obscure. We see something of it, however, in the hyperæmia, and blistering of the skin which may be produced even under conditions

unfavorable for its exhibition, as when wet electrodes are used. But from this very obscurity of the electrolitic action of galvanism, it is often what is most appealed to by the ignorant and designing, as producing beneficial results. One of the most important points to be considered in the use of the galvanic current, is its power of penetrating the tissues of the body, and thus bringing every part of the organism under its influence. This has not only been proved by direct experiment on the dead body, but we have conclusive evidence of it in the excitation of the nerves of special sense, (the galvanic flash, sound, taste,) when the electrodes are placed at a distance from them, and so the excitation must take place at their origin in the brain; or when the electrodes applied to the back produce sensations in distant distributions of spinal nerves as is sometimes seen in disease of the cord; or in the giddiness and vertigo caused by galvanizing the brain. What and how great an effect the direction of the current has upon the parts through which it flows is a subject in dispute. I can here only give my opinion that in electro-therapeutics it is the mode of applying the poles, rather than the direction of the current that demands our attention, and is most productive of therapeutic results. Another effect of the galvanic current is the alteration it produces in the excitability of nerves and muscles, in the neighborhood of the poles, the kathode increasing the excitability, the anode diminishing it. This is of great importance in the application of galvanism to diseased parts. It is to this action that we must attribute the "invigorating or refreshing" action of galvanism on exhausted nerves and muscles. Lastly in the galvanic current we have a means for acting on the vaso-motor nerves, and thus influencing the circulation, and nutrition of organs deeply situated. When we consider the very prominent part that local alterations of the circulation take in disease, being as it were the first step in the general or local departure from health, we cannot but look with great interest on an agent capable of penetrating to the vaso-motor centres, and known to exercise an influence on the nerves of the vessels whose over dilation, or contraction we assume to be the point of departure of morbid action.

The Faradic current, as the name "induced current" given to it implies, is the electricity induced in a coil of wire, B, by the passage of a current of galvanic electricity in another coil A, which B surrounds, but from which it is absolutely isolated. It is of momentary duration only, and passes in an opposite direction to the galvanic current in A. But if the galvanic current passing through the coil A be suddenly broken, then another current likewise of momentary duration, is induced in the coil B, a current moreover, which has an opposite direction to the first induced current. If now the galvanic current in coil A is rapidly broken and renewed, there is produced in coil B a succession of currents of momentary duration, and passing in opposite directions, which constitute the "Secondary Current" of the Faradic apparatuses, or the current of the secondary coil. In the application of this current to the human body, we cannot speak with accuracy of a positive and negative pole, for as we have seen the current being constantly reversed the poles are constantly changing, but in as much as the current induced by opening the galvanic current in coil A is the more powerful, and produces the greatest effects, the positive and negative poles of that current are considered the positive and negative poles of the secondary current. Now in coil A through which the galvanic current is passed and broken successively, induced currents likewise arise, and these being lead off by appropriate wires may be applied to the body.

In the Faradic batteries ordinarily used for medical purposes the break is so arranged that only the current induced in coil A by the *opening* of the galvanic current is passed through the electrodes to the body, and thus it is not a succession of reversed currents, as in the applied currents of coil B. The current from coil A is the Primary current of the faradic batteries, or the 'current of the primary coil."* If within the coil A, or primary coil, a piece of soft iron is introduced it is magnetized and demagnetized at each closing, and breaking of the galvanic current,

*In most of the faradic batteries, the arrangement is such that with the induced current of the primary coil, there passes through the electrodes the galvic current generated by the cell, or cells which work the battery. This explains the fact that the Primary current of most faradic batteries can be shown to possess a slight chemical action, the result of the galvanic current which passes with it.

and contributes to the strength of the induced currents. Faradic electricity then, as it is used in medicine, is of necessity a succession of currents, it cannot be continuous, it must be interrupted. And it is in part due to this sudden interruption of the faradic current dependent on its very nature that its power of causing contractions in muscles is very great, for we have seen that it is only at the moment of closing, or opening a current of electricity that it excites the muscles to contract.

The effects of the Faradic current on the sensitive nerves of the skin is decided, causing a pricking and smarting which may rise to an almost unendurable degree, as when the metallic brush is used. The Faradic current is of high tension, but possesses but little quantity, and thus while highly exciting it has but little power of penetration, so that we must regard the brain, and spinal cord as out of reach of its direct influence, as are probably also the other deep-seated organs. The electrolytic action of the Faradic current may be considered as null,* and in regard to the activities (electrolitic, mechanical, aud vaso-motor,) the sum of which has been designated "the catalytic action," if it possesses any they are extremely feeble, as compared with the Galvanic current.

To show that these differences in the two currents of electricity do not depend upon the interruption of the one current, and the continuousness of the other, we prepare a glass tube filled with a solution of iodide of potash, with which is mixed some starch water, and into the ends of which project through the closing corks two wires. If we attach to these wires the ends of the secondary spiral, and send the induced current through the contents of the tube, there is not produced the slightest effect. If now we connect the wires from the tube with the poles of the galvanic battery, and by introducing into the circuit an apparatus for breaking and closing the current, the same for instance as is used in the faradic battery, we make the interruptions as frequent as they were in the induced current, we immediately see the

*Reference here is had of course, to the Faradic current of the faradic batteries in general use for therapeutical purposes, leaving out of consideration as not of practical application, the chemical and thermal effects of the intenser induced currents of such apparatuses as the Rhumkorff coil.

electrolitic effect of the current in the blue color which is struck in the fluid in the tube, the effect of the decomposition of the iod. potass, and the action of the free iodine liberated at the positive pole, on the starch.

As a means of diagnosis, and prognosis, especially in diseases of the nervous system, the employment of electricity gives very great advantages, and indeed often cannot be dispensed with, if we desire to form an accurate opinion. I will give some of the instances in which its use is of most advantage.

We frequently meet with some cases where the patient complains of numbness, deadness, want of feeling in some part of the surface, and it may be of importance to ascertain if an impairment of sensation really exists, and in what degree. In some of these cases it is with a subjective phenomenon we have to deal there being no real anesthesia; in others anesthesia exists, but it is exaggerated, or underrated in the description given by our patient. Now we have an admirable means in the Faradic current of forming a just estimate of the condition of the sensitive nerves, by applying it in a gradually increasing intensity, until a sensation is produced, and then by comparing this degree of intensity with that required to cause a sensation in the same part in a healthy condition. In the same way we may compare the maximum intensity that can be endured by the affected part, with the maximum endurable by the same part in health. We should be particular in making the comparison of similar parts, on the patient himself if possible, or on some healthy individual, for it need hardly be said that different regions of our bodies vary in their susceptibility to the current. Again we will somtimes find that a high degree of anesthesia, or insensibility to the current exists, of which the patient was not aware, or of which he took but little note. When we consider the very great importance of this symptom of cutaneous anesthesia, as sometimes one of the earliest indication of the invasion of grave disease of the nervous system, we will not undervalue the use of Electricity, which is one of the very best means of accurately distinguishing it. Electricity is used as an accurate means of distinguishing the condition of the auditory nerve, which has a normal reaction to the Galvanic cur-

rent, similar to the reaction of motor nerves. Thus with a weak current the application of the Kathode, to the external auditory meatus causes excitation of the nerve, indicated by a momentary sensation of sound, with a stronger current a sound is also produced when the Anode is removed from the external meatus, while a still stronger current gives when the Kathode is applied, a continuous sound, analogous to the tetanic contraction of muscles when acted on by a very strong current. We thus represent the formula for the normal reaction of the acousticus with the Galvanic current gradually increased in intensity. K. C. S. (Kathode closing, sound,) K. O. (Kathode opening, no sound,) A. C. (Anode closing, no sound,) A. O. S. (Anode opening, sound). If deviation from this formula in the reaction of the auditory nerve indicates an abnormal condition of the nerve. I have not yet data sufficient to enable me to speak definitely of the use of the Galvanic current in diagnosis of affections of the optic nerve, but I believe that in discriminating between hysterical and other forms of amaurosis it will be found of great use, enabling us to estimate the excitability of the nerve by the galvanic flash.

It is in morbid conditions of motor nerves, however, that we find electricity of the greatest use as a diagnostic agent. In deciding the important point of the seat of the paralyzeing lesion, and the extent to which that lesion has impaired nerve, and muscle, and consequently the probability of recovery, it is certainly most valuable, in certain cases almost indispensable. Thus if the paralysis is cerebral, or the result of a transverse lesion of the spinal cord, severing the tract for voluntary motor impulses, but leaving the portion from which emanate the nerves going to the paralyzed muscles, intact we have for a very long time, sometimes for years, the motor nerves and muscles responding in a vigorous manner to excitation with either current.

If, however, the cause of the paralysis exists in an implication of the anterior horns of the grey matter of the spinal cord, as in infantile paralysis, and the similar affection of the adult, (acute atrophic spinal paralysis,) and as is most probable in 'lead palsy,' or if the seat of the lesion is in the nerve trunks (peripheral paralysis,) then we have a striking difference in the effects produced

by the two currents, and with the galvanic current almost always phenomena which enables us to decide approximatively as to the seat of the lesion, at least to distinguish the lesions as not cerebral, nor the result of a general myelitis, a very important point in certain cases of multiple injury involving head, trunk and extremities, and bearing directly on the prognosis. In all these supposed lesions there is in general a rapid diminution of the Faradic excitability, until a point is reached where the application of the strongest induced current will not cause the slightest contraction. There is likewise a progressive diminution of the Galvanic excitability, which may also be completely lost. Then after a longer or shorter time, the paralyzed muscles will respond by contractions to the Galvanic current alone, and only when it is applied slowly, that is without rapid interruptions, directly to the muscles themselves, the nerve trunks being unexcitable by the current. The contractions elicited under these circumstances are peculiarly slow, deliberate, and very different from the instantaneous contraction, and relaxation that takes place when we galvanize healthy nerves and muscles. This is the "degenerative reaction," ("Entartungs reactione") and is the consequence of a degeneration having taken place in the nerves and muscles. Time forbids me to detail the modifications in the conditions which this "degenerative reaction" takes place, as for example under when it is present without the loss of the faradic contractility in the paralyzed muscles &c., but as Erb has shown all these modifications have their significance in diagnosis.

Sometimes a morbid condition of the motor nerves is indicated by an increased, or diminished excitability by the Galvanic or Faradic currents. In trying to distinguish these modifications, however, we must be very cautious to compare the nerve supposed to be affected with the same nerve in health, and upon the individual himself if possible, as where the nerve of only one limb is affected, and in making this comparison, particular care should be given to an equal moisturing of the skin, as greater or less dryness of the epidermis, makes a very great difference in the facility with which the electricity passes the skin to reach the nerve under examination

Again an abnormal condition of motor nerves may show itself by the contractions of the muscles animated by it varying from the normal formula for galvanic excitation. I have at present under treatment a case where with vague sensations of uneasiness and weariness of one lower limb, which is of a dusky red, I find that there is not only very obvious increase of the electric excitability as compared with the other leg, but the anode being placed upon the genital region, and the kathode in the popliteal space, with a weak current we have K. O. C. (contraction on removing the kathode) in the muscles below the knee, while we cannot get A. O. C. (Contraction on removing the anode,) thus an inversion of the normal formula. We are assisted in the diagnosis of hysterical paralysis by the rule that while the cutaneous sensibility of the paralyzed limbs is often very much blunted, the muscles reply to the electric currents in a normal manner. But there are exceptions to this, though rare. I have seen a case of hysterical paraplegia, through the kindness of Dr. H. H. Wilson, of this city, where the strongest current of the secondary coil of a Störer's battery excited no sensation, and but very slight, and irregular contractions here and there in the muscles of the legs. The patient made a complete recovery.

A point of some diagnostic value lies in the fact that in acute myelitis we often find pain elicited by the galvanic current when applied to the part of the spine corresponding to the seat of disease in the cord. This symptom though not in itself conclusive may very much assist the diagnosis when combined with others.

[*To be concluded next month.*]

TRANSLATIONS.

(*Copied from The Canadian Journal of Medical Science for February.*)

SUPERACUTE PULMONARY TUBERCULOSIS.—By M. Dieulafoy. A young girl eighteen years of age, fat and fresh, presenting all the appearances of health, entered my wards at the *Hopital Temperaire* (St. Jean ward) for some trifling indisposition; she complained of palpitation of the heart and pains in the left side of the chest, she experienced the sensation of a ball rising into the throat and choking her, she was not very regular, and her appetite was capricious; upon direct examination an intercostal neuralgia was found and a chloro-anæmic bruit at the base of the heart, and in the large vessels; this was one of those mixed and ill-defined cases which partake at the same time of the characters of chlorosis and of hysteria, which are so frequent at this age.

For several days no new symptom made its appearance, then this young girl was seized, one Saturday after a bath, with shiverings and malaise which she attributed to a simple chill.

The next day, Sunday, same condition continued; but during Sunday night or Monday morning a violent oppression (dyspnœa) occurred, accompanied with cough; this oppression increased rapidly without allowing the patient a moment's rest.

The next morning, Monday, at the visiting hour, we found the young girl in a state bordering upon asphyxia, the inspirations were short and rapid, the nails and lips were purple, the cough hard and jerky, the expectoration was catarrhal, the temperature reached 39 degrees (102.2 Fahr.) and the patient, affected with terrible anxiety, kept repeating that she was going to die.

What then did this very alarming condition, suddenly supervening in the midst of the appearances of health, portend? Clinical experience said asystolism, or perhaps obliteration of the pulmonary artery by thrombosis or embolism, auscultation of the heart did not favor this view, and, besides, we had an elevation of temperature; fine diffused râles on both sides of the chest, accompanied by catarrhal expectoration and elevation of temperature, suggested the idea of a capillary bronchitis, but the almost lightning course of this capillary bronchitis was very unusual; lastly, for several reasons, there was no thinking it an attack of asthma.

The treatment employed was the following: A venesection of 300 grammes, forty dry cups to the lower extremities, two blisters upon the chest, and a sedative draught of ether and cherry-laurel water.

The patient died the following night.

At the autopsy we found both lungs congested, and riddled from top to bottom with tubercular granulations, the majority extremely small; moreover, an old cavity of the size of a small nut existed in the apex of the left lung.

This observation presents two chief points for consideration:

1 The extreme benignity of a pulmonary phthisis, doubtless of old date, having determined locally a cavity in the apex of the left lung, and having so slightly impressed the general condition, that this young girl had not complained of any of the symptoms of pulmonary tuberculosis, and presented herself to us in the freshness and embonpoint of health.

2 The almost lightning course of the acute deposit of tubercular granulations, having invaded the whole of the pulmonary parenchyma, and killed the patient by asphyxia.

Andral had observed such a case, since he says somewhere "that the rapid and simultaneous development of a large quantity of tubercle in the lungs has occasionally been announced only by a progressively increasing dyspœa, by a sort of acute asthma," (Andral, t. iv. page 359.) Graves has also mentioned it, since he speaks of *acute tuberculores asphyxia.* (Graves, tome ii. page 127.)—*La France Medicale.*

At the Société de Chirurgie, M. Guéniot read a second report relative to an observation of dystocia from vicious conformation of the pelvis, addressed by Dr. Cauvy (d'Apt.) It concerned a female assisted in her labour by a midwife who, in order to accelerate a very long labour, thought that she ought to administer a double dose of from 1½ to 2 grammes of ergot of rye. In spite of the repeated employment of the ergot the head still remained at the superior strait. A physician was called, who made three futile applications of the forceps.

When M. Cauvy reached the patient, he found the uterus in true tetanic contraction. The head was wedged into the superior strait, and presented in the form of a soft tumour in which osseous fragments were felt, resulting from fracture of the cranium, probably produced by the repeated applications of the forceps. M. Cauvy seizing the hairy scalp with his hand, made tractions which sufficed to extricate

the head and the rest of the body. But the patient being exhausted, died twenty-four hours after her delivery.

This woman had already gone through two previous labours, the first with presentation of the breech terminated spontaneously; the second with shoulder presentation was happily terminated by version. M. Cauvy believes that he may draw from this conclusions favourable to the employment of version in preference to the application of the forceps in cases of dystocia from pelvic narrowing. M. Gueniot does not participate in this opinion, and thinks that the forceps ought to be generally preferred. In conclusion he calls attention to the serious abuse that midwives and even some physicians make of the ergot of rye in difficult labours, owing oftenest to vicious conformation of the pelvis. The ergot in these cases renders the accouchement infinitely more difficult and more fatal. We cannot too strongly set ourselves against this baneful practice. M. Lucas Championnière directed attention to the efficacy, in serious cases of dystocia with head presentation, of the employment of the cepholotribe, which, attacking the base of the cranium through the mouth, enables us to obtain an extreme reducibility of the head which singularly favours the termination of the labour.—*L'Union Medicale.*

A New Revulsive.—Dr. E. Coutivier says: Among ordinary remedies there are few which render so many services as revulsives. Sinapisms are of daily use; and flying blisters, although reserved for graver cases, have indications almost as numerous. But there are many circumstances in which the fugitive effect of a sinapism does not suffice, and in which we recoil from the employment of a blister. Our only other resources then are frictions with tartarated antimony or croton oil, and applications of thapsia. But these means present such serious inconveniences that we very often hesitate to recommend them. . . . . I have said nothing of Burgundy pitch, because its effects are almost *nil*. What is required to fulfil all indications is an agent whose effect will be at once rapid and prolonged, and which will provoke a sharp revulsion without occasioning pain or itching. Does this agent exist? Yesterday it did not exist, or at least its properties were scarcely suspected and it was not employed; but it certainly will be so in the future. This agent is pimento, or rather the extract of pimento, which M. Lardy has just made known. It combines, in fact, in the highest degree, the various conditions we have just enumerated. It acts with great rapidity, ten to thirty minutes, according

to the point of application and the delicacy of the skin. Its action is manifested at first by a sensation of heat, a slight smarting and redness. These go on increasing for about three hours, then they remain stationary, and the revulsive action is so continued as long as may be desired. Nevertheless, after twenty or twenty-four hours in the adult, eight to ten in children, it is better to remove the plaster, and put another alongside of it if it be desirable to continue the revulsion. The heat and tingling produced are painless and free from itching. . . . The extract of pimento has a beautiful red colour, identical with that of the dried fruit. Suitably incorporated in a plastic mass, and spread upon squares of paper, its application is very easy. It is unnecessary to warm it, for it adheres sufficiently to the skin; but it is well, on parts subject to movement, to fix it with a bandage just as a blister. Moreover, its action may be augmented or moderated according to the pressure. On removal, the heat and tingling may be immediately arrested by the application of a little starch.—*L'Union Medicale.*

Nitrite of Amyl.—We take the following from an account of the work of Dr. Jvan Ermesagem on Nitrite of Amyl, in the above journal. "The author divides into four classes the diseases in which the nitrite of amyl may be used: 1st. Syncope, coma characterized by weakness of cardiac innervation, anæmia, and the venous congestion of the cerebro-spinal centres. 2nd. Diseases characterized by vascular spasm. 3rd. Spasmodic affections of voluntary and involuntary muscles, diseases characterized by extreme elevation of temperature. The nitrite of amyl is chiefly administered by inhalation. Three drops on a handkerchief will avert threatening syncope from chloroform. In sea-sickness it will succeed heroically, according to the observation of Dr. Clapham a hundred per cent. In hemicrania, two drops will suffice to cure; but it is especially in angina pectoris and in asthma that the best results are obtained. But its employment is contraindicated in old people, or in those presenting any vascular or cardiac lesion. It is also contra-indicated in puerperal plethora. Its use at all times demands much circumspection."—*Rivista Clinica di Bologna.*

The Liquefaction of Oxygen.—At the *Academie des Sciences* on the 24th December, M. Raoul Pictet announced that on the 22nd of December at 8 o'clock in the evening he obtained the liquefaction

of oxygen under a pressure of 320 atmosphere and at a temperature of 140 degrees below zero. There therefore now remain only hydrogen and nitrogen in the state of irreducible gases.—*L' Union Medicale.*

Cure of Epilepsy.—In the opinion of Kunze we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of 7 grains of curare in 75 minims of water to which he adds two drops of hydrochloric acid. At intervals of about a week he injects beneath the skin 8 drops of this solution, and in various cases in which convulsions had occurred for several years he obtained a complete cure after 8 or 10 injections.—*Lo Sperimentale.*

REPORTS OF SOCIETIES.

BALTIMORE MEDICAL AND SURGICAL SOCIETY.

(Reported for the Maryland Medical Journal.)

A case which showed either the easy communicability or the autochthonous origin of scarlet fever, was related by Dr. Lynch. In November '77, a man sustained a comminuted fracture of tibia and fibula of left leg. The injury was the result of a fall from an upper floor of the State Tobacco Warehouse. The limb was suspended in Smith's anterior splint; in order to obtain better extension, Coskery's splint was afterwards applied. After five weeks the man was attacked by scarlet fever of a severe form, all the characters being well marked. Albuminuria accompanied, and repeated desquamation of the skin followed the fever. No other case of scarlatina in the house, or immediate neighborhood. After recovery from the scarlet fever, the patient had an attack of pneumonia, to which he succumbed. At the post-mortem, the peritoneum was found deeply pigmented, almost black in places, showing precedent diffused peritonitis. Strange to say, however, the patient never complained of abdominal pain. The visceral and parietal layers of the peritoneum were firmly adherent to each other.

Dr. Evans related the following case: A young woman had for a week vomited everything taken into the stomach, Had formerly had similar spells; no fever. There was a noticeable depression of the

epigastrium, "as if the stomach was absent." Distinct pulsation could be felt in this region. Nothing will relieve the vomiting except morphia, and this does so only so long as the patient abstains from eating and drinking. The Doctor was disposed to ascribe the symptoms to an aneurism of the abdominal aorta.

Dr. Thos. R. Brown related a case of fracture of the skull: About the middle of December, '77, a drayman was struck upon the head by a stone, fracturing the skull. He fell from his dray, and was carried home in an unconscious condition; he recovered his consciousness during the night and next day, came to the out patient department at the city hospital. The fractured bone was depressed, and through the cleft, the brain could be seen pulsating. There were no symptoms of cerebral disturbance. The patient was admitted to the hospital, the wound closed with sutures, and cold water dressing applied. In two weeks he was discharged well, and has so remained. The case was reported to show that energetic surgical interference is not necessary in head injuries, unless symptoms of compression are present. Drs. Lynch, Bates and Morris related cases of similar injuries, where like happy results were obtained by adopting the plan of non-interference.

Dr. Leonard had noticed in cases of cerebral congestion, and of traumatic meningitis recently under his care, considerable diurnal variations in temperature, simulating remittent fever. He had not been able to find mention of this peculiarity in any work he had consulted.

Dr. A. B. Arnold related a case which he considered one of epileptiform neuralgia, (Trousseau). A man 40 years of age, has had for 11 years left-sided facial neuralgia, particularly about the forehead and eyes, The pain is intense. The attacks come on suddenly, and last not over ten minutes; frequently not more than five. The periods of the attacks are irregular. Within the last year and a half, other symptoms have made their appearance. Attacks of acute delirium, lasting from ten to fifteen minutes, come on at irregular intervals, sometimes as often as three or four times a day, at others, not over two or three times a week. Like the paroxysms of pain, these attacks of delirium come on without warning. If the patient is engaged in conversation, he, all at once, stops speaking, bows his head, and begins humming a tune; he does not sing, does'nt articulate—merely hums. If interrupted he flies into a violent passion. This mental aberation passes off as suddenly as it came on, and the individual re-

sumes the conversation where it was interrupted. The paroxysms are all alike; the monotony is never varied. In consequence of his affection, the patient is unfitted for business. The neuropathic disposition is well marked in the patient's family. The prognosis is bad, as the disease is incurable. Dr. Arnold believes the cause to be intra-cranial.

As to treatment, nearly everything has been tried. The patient has taken "pounds" of bromide of potassium. The other bromides, belladonna, gelseminum; all the narcotics, in fact, had been tried, and seems but to aggravate the suffering. He has had tonics without avail. Hypodermic injections of morphia relieved the pain during the paroxisms, but did not prevent their occurrence. This was the only remedy relied on at present.

ABSTRACTS AND EXTRACTS

THE USE OF SALICYLATES IN TYPHOID FEVER.

The remarkable effect of salicylic acid and its salts in acute rheumatism has led to its employment in many other diseases, and the results obtained in some of these were described at the discussions which have taken place before the French societies, and to which we have directed attention. That a drug possessing such a remarkable power over the pyrexia and articular pain of one disease should exert an influence in other diseases, presenting one or both of these characteristics, is a natural expectation. It has not been wholly unrealized, although the extent to which it is useful in other diseases than acute rheumatism seems to have limits which are soon reached, and to be the subject of some discrepancy of opinion.

We remarked that M. Sée has found the salicylic treatment much more effective in subacute rheumatism than many other observers have asserted. He has also used it in chronic rheumatoid arthritis, and has found that it is very useful in the acute exacerbation of the disease. The pain is quickly removed, the swelling is soon lessened, and the muscular rigidity is diminished in a remarkable manner. To effect this, however, large doses are necessary. Gueneau de Mussy found it useful in one case of this affection, but of no service in another. The same physician had found it entirely useless in sciatica, but in acute muscular rheumatism, lumbago, etc., M. Sée had obtained very good results, all pain and stiffness being removed in two days.

Gout is another disease in which salicylate of soda has been largely used. M. Sée found that the effect is speedy diminution in the pain of acute gout, and that even in chronic gout it is useful, and produces a gradual diminution in the swellings and nodosities. The opinion was corroborated by Gueneau de Mussy and Lépine. The latter had seen remarkable effects produced in a case of saturnine gout. In gonorrhœa rheumatism and in chorea it has been found useless. Given in full doses, it has considerable power of reducing the temperature in phthisis, but, as might be expected, without any corresponding amelioration in the symptoms. Indeed, its use is not wholly without danger, for it has appeared to induce serious gastro-intestinal troubles and cerebral symptoms.

Perhaps the most important practical question connected with the employment of salicylic acid, next to its use in acute rheumatism, is its effect in typhoid fever. There is much discrepancy in the results hitherto recorded. A favorable report was given by Dr. Gueneau de Mussy, who had used it in twenty-seven cases in small doses without having a single death. He only concluded from this that in small doses the drug does no harm in the disease. M. Sée believed, however, that it was of little service, and that doses which would have an antiseptic influence on the intestine would produce irritation; but he seems to have concluded this rather from theoretical considerations than practical experience. M. Lépine concurred in its inutility. M. Oulmont had found that of ten cases in which it was employed, marked defervescence was produced in eight, but the effect was not durable. This corroborates the conclusion of Goltdammer, who found that the duration of the disease was not diminished in any of the fifty-six cases he observed. An important series of facts have been published on this point by Schröder, of St. Petersburg. In a military hospital 160 cases of typhoid were treated with salicylates, chiefly with the soda salt. Of these thirty-one were fatal, the mortality being thus 19.4 per cent., the mortality of the preceding 211 cases treated by other methods having been 14.7 per cent. The causes of death in the salicylic cases were—in four, perforation; in five, pneumonia; and in others parotitis, parotitis with œdema of the glottis, pleuro-pneumonia, and meningitis. The antifebrile action was unquestionable, but no favorable influence on the course of the disease could be observed. By small doses the pulse was rendered less frequent, but by large doses it was accelerated, and the continued use of large doses (three drachms a day) induced symp-

toms of collapse. Schröder concludes that the treatment is far inferior to that by cold baths. This is not, however, the opinion of Jahn, who has published a series of statistics of three years' treatment of typhoid on three different systems. In the first, thirty-nine cases were treated with large doses of quinine, the application of bladders of ice, and mild "water treatment." Nine patients died, six of them from the intensity of the disease. The average duration of treatment in the hospital was sixty-six days; complications were observed seven times, severe cerebral symptoms were present twenty-five times, and severe intestinal symptoms twenty-nine times, while bedsores were observed in nineteen cases. In the following year sixty-three cases were treated with quinine and an energetic "cold-bath treatment." The deaths were six, of which five were from the intensity of the disease. The average duration of treatment was fifty-three days, complications were observed in seven, severe cerebral symptoms in seven, severe intestinal symptoms in twenty-one, bedsores in seven. In the next year thirty-five cases were treated by salicylates; five grammes (about a drachm and a half) of salicylic acid were dissolved in water with an equal quantity of bicarbonate of soda, and taken as a beverage. The deaths were only three; the average duration of treatment was thirty-seven days. Complications were observed twenty-four times, severe cerebral symptoms were present in no case, severe intestinal symptoms in one only, bedsores were observed in no case; the three deaths were all from double pneumonia. The contrast between the observations of Jahn and Schröder is so great as to make it probable that the epidemics differed very much in severity and character. It would seem, from the statistics, that in the last year of the epidemic observed by Jahn, the cases were of an exceptionally mild character, and his conclusions are therefore to be received with some reserve. He believes, however, that in large doses the drug acts not only as an antipyretic, but has a "healing" effect on the typhoid process; that the antipyretic effect is shown in the remission of the cerebral symptoms; that a direct effect is produced on the digestive organs—the gastric symptoms diminish, the appetite returns, the diarrhœa is moderated or arrested; that, as a result, the prostration is diminished, and the convalescence is abreviated; that the soda salt is preferable to the acid, because it has the same curative influence, and possibly a more rapid effect, while it produces no irritation of the respiratory tract; that no concurrent effect of the salicylate was observed, except that the tendency to epistaxis appeared to be increased by its

use; that relapses were not avoided by the use of the salicylate, and it is therefore well to continue to give it in smaller doses during convalescence. A case which was brought last session before the Clinical Society by Dr. Murchison is in such striking contrast to the second of Jahn's conclusions, that it ought not to be overlooked. The case appeared to be one favorable for testing the effect of salicylate, for the pyrexia was considerable, but was unattended by diarrhœa or delirium. The effect of the drug was to reduce the temperature as rapidly as in rheumatic fever, but when the drug was discontinued the pyrexia returned. While under the influence of the salicylate the patient had violent delirium, ceasing when the drug was omitted; there was also albuminuria, and almost total suppression of urine, both passing off as the effect of the drug ceased. It is clear, however, from the result of continental experience, that the dose of the salicylate was too large. Six drachms daily were given, three times the quantity employed by Jahn. Evidently, in typhoid the doses cannot be borne which do good in acute rheumatism, and hence a single case of poisoning by the drug, such as this, has no significance with respect to the possible beneficial effect of its employment in smaller doses.

In intermittent fever the action of the salicylate is marked, but is less than that of quinine. It has been carefully tried by Rosenstien in thirteen cases. In three cases only was there a complete cure; in six cases no effect could be observed; in four cases the influence of the drug was transient, so that the administration of quinine was necessary. The dose of salicylate employed varied from a minimum of one drachm to a maximum of four drachms daily.—*Lancet*, December 8. 1877.—*Monthly Abstract, February* 4.

TREATMENT OF SECONDARY PUERPERAL HEMMORRHAGE.

Dr Bailly, Prof. Agrégé of the Faculty of Medicine, contributes a paper to the *Bulletin de Therapeutique* for September 30, on the efficacy of the method of treating secondary uterine hemorrhage, devised by Prof. Tarnier. By secondary hemorrhages he understands those which are produced from the second day to a month after delivery. These are generally due to a congestion of the uterus, usually spontaneous, but sometimes caused by the presence of a foreign body in cavity, too early getting up, a violent effort, or vaginal injections

injudiciously employed. Such hemorrhages are rarely dangerous, but they recur frequently and often obstinately, and cause great alarm to the patient. The ordinary measure for arresting them are far from being always successful, and are usually tedious; and, at Prof. Tarnier's suggestion, the author of this paper commenced in 1874 the trial of warm baths. The success attending the use of these has been so great that he publishes two of the cases in which he employed them. In the first of these the hemorrhage commenced only on the eighteenth day after delivery, in a woman of feeble habit of body. The uterus was enlarged and congested, and the hemorrhage, without being alarming, resisted all the usual hæmostatics during ten days. Prof. Tarnier now advised warm baths. The first of these greatly modified the discharge, and the second suspended it completely. Recurring at the end of thirty-six hours, it was definitively arrested by the third. The uterus gradually diminished in size, and at the end of a week the patient was able to get up. In the second case the hemorrhage came on only on the twenty-seventh day after delivery, the uterus being as much developed as at the third month. The liquid blood discharged was not very considerable, but it became continuous, and was accompanied by coagula. Ergot in different forms, and vinegar injections, having been tried in vain, a warm bath of half an hour at once suspended the discharge; and, on this recurring next day, a second bath completed the cure.

Athough in possession of several cases in which their efficacy proved as complete as in these two, Dr. Bailly observes that their success is not always so prompt. He has always found them less efficacious at the commencement of the hemorrhage than when this had persisted for some time; but, as they produce no inconvenience at the earlier periods, they may also be then employed concurrently with other measures. The only objection to the method that he is aware of is, that at first it shocks the prejudices and alarms the patient. They should not be resorted to prior to the tenth day after delivery, in consequence of the fatigue and danger which their application might then give rise to. Care must be taken, also, that the temperature of the water (about 34° C. or 93° Fahr.) should be rather raised than lowered, all chilling being avoided. From twenty to thirty minutes is a long enough duration to secure the general revulsion sought for; and as one bath rarely proves enough, they may be repeated daily. Prof. Tarnier was induced to try the procedure in puerperal metrorrhagia in consequence of having observed its efficacy in the hands of M.

Salgue, of Dijon, who successfully employed it in non-puerperal metrorrhagia; he adopted it for this form of hemorrhage after delivery, and has for many years recommended it. In another number of the *Bulletin* (October 30) we find an article by Dr. Constantin Paul, Professeur-Agrégé, upon the great utility of hypodermic injections of ergotine in various forms of metrorrhagia. The formula which he has employed has been—ergotine two grammes, water and glycerine of each fifteen grammes. The solution assumes the brown colour of the extract of ergot, and keeps well, not losing any of its activity in even three months after its preparation. In the fourteen cases in which he has employed this, Dr. Paul has found it succeed in almost a marvellous manner; the hemorrhage, which was always severe and often dangerous, having in all been arrested in sixteen minutes at latest, and in several much earlier. The patients were either the subjects of more or less advanced cancer of the uterus, or in the puerperal condition. The advantageous action of ergot, taken internally, on uterine hemorrhage, has been long known; but on comparing this with the effect of hypodermic injection, the latter proves of much greater value. The time required for the operation of ergot varies from a quarter of an hour to thirty-six hours; while ergotine arrests the hemorrhage in from five to ten minutes; and in hemorrhage time is everything. Not only is the action of powder of ergot less rapid than the injection, but it is also less constantly efficacious, three or four doses being sometimes required. Ergot in powder also always gives rise to colicky pains, of which the patients complain much; but this is not so with the ergotine. The injection is not very painful, and does not produce any local inflammation, sometimes only leaving a slight hyperæsthesia at the point of insertion. So employed, intolerance of ergotine has never been noted. As Prof. Gubler has already observed, it is most remarkable that while a dose of even four grammes taken by the mouth is very doubtful in its action, a dose sixty times less, given by injection, exerts so marked an effect. Certainly there is far greater discrepancy in the doses required, according to the mode of administration, than is observed with regard to most medicinal substances. In the cases related by Dr. Paul in his paper, an injection of sixty-six milligrammes of ergotine arrested the hemorrhage in from five to ten minutes.—*Med. Times and Gaz.*, Dec. 8, 1877.

THE ACTION OF HYDROCYANIC ACID ON THE BLOOD.

Drs. A. Hiller and Wagner, according to the *Lancet*, have recently undertaken an extensive series of researches on the action of hydrocyanic acid on the blood. They first examined spectroscopic behavior of the blood of the poisoned animal; secondly analyzed the gases of the blood, and thirdly, determined the amount of nitrogen excreted by the kidneys when frequently repeated doses were administered. The earlier spectroscopic researches of the blood in cyanic-acid poisoning, by Gaehtgens, Preyer, and others, seemed to show that the blood spectrum was not materially altered. Hiller and Wagner, however, examined the blood, not only on withdrawal, but in the vessels themselves of the mesentery. The conclusions at which they have arrived are—First, that the position and intensity of the absorption bands of the oxyhæmoglobin actually circulating in the vessels are precisely the same as in the blood after its withdrawal, providing the thickness of the layer is the same. Secondly, that portion of the spectrum lying between C and E cannot be investigated, because sufficient compression could not be exerted on the vessels (without disturbing the circulation) to obtain a layer of sufficient transparency. Thirdly, poisoning with hydrocyanic acid only rendered the absorption of the two oxyhæmoglobin bands feebler—that is to say, made the blood more transparent for these rays. Fourthly, the two oxyhæmoglobin bands remain visible for at least twenty-four hours, in blood abstracted from the dead body of the animal. The oxyhæmoglobin, therefore, does not disappear from the blood in consequence of hydrocyanic poisoning. It follows that death is not referable to any abstraction or driving out of oxygen, as occurs in carbonic oxide poisoning; there can be no doubt, however, that the interchange of oxygen between the blood and the tissues is interfered with, and as the introduction of fresh oxygen into the blood is lessened, the whole series of oxydizing processes are diminished, or altogether arrested. This is supported by the fact made out by Gaehtgens, that not only the absorption of oxygen, but the elimination of CO_2, is diminished in hydrocyanic acid poisoning.

SELECTIONS.

ALIMENTATION IN SURGICAL ACCIDENTS AND DISEASES.

BY FRANK H. HAMILTON, M. D.

* * * * * *

If the food is not appropriate the patient, who receives it, will not only suffer from lack of nourishment, but also from the irritation caused by the presence of indigested, and, consequently, irritating materials. *Such attempts at alimentation will certainly increase febrile action and aggravate inflammation.*

The fact is, however, that examples are exceedingly rare in which some feeble ability to digest food does not exist; and even in these exceptional cases, a judicious selection and timely administration of certain articles seldom fails to produce an appetite, or at all events to convey to the system some nutrition. A warm, well seasoned and well cooked cup of broth, or a fraggrant cup of hot coffee and milk, will often relieve nausea and epigastric distress, assuage a colic, diminish the severity of a headache, lift the tone of the nerves suffering under shock; and the same or similar means will often abate sensibly febrile disturbance and soften the pains of inflammation. Whoever knew of harm from food under these circumstances, when carefully and judiciously administered? I am, at least, certain that for every case in which it can be shown to have done harm, twenty cases will be found in which it has done good.

Medicines—so called—are in general far inferior to a fragrant and savory cup of food, as peptic persuaders, and I have seen many patients suffering with nausea and loss of appetite, who have been speedily relieved by the mere omission of the bitter and disgusting tonics which have been forced upon their reluctant stomachs. It is true that, under the circumstances referred to, now and then good medicines do good and improve the appetite, and their occasional abuse or unskillful exhibition is

no reason why they should never be used. Nevertheless, I wish to say, very emphatically, that the abuse of medicines is more than "occasional." It is alarmingly frequent. It is a simple elementary truth, that there are many diseases and surgical injuries in which recovery takes place as speedily without medicines as with medicines; and if any medical man has not learned this, and continues to give drugs from day to day for every form and grade of human ailment, so much the worse for him and his patients.

But if men can live and recover from disease sometimes without medicine, no man can live or recover from disease without food. Organs which are maimed and struggling must have food, or they will soon cease to labor, and will die. A wound will not heal nor a bone unite without nutriment. In every human malady and surgical accident, repair and recovery wait on nutrition.

It is not improper, then, to say that as a means of restoring the sick and wounded, when both may be needed, good food is of more importance than good medicine. Large armies have always suffered more from a deficient supply of proper food than from a deficient supply of proper medicines.

One conclusion to which my statement of facts and process of reasoning leads me is that hospitals and dispensaries ought to have the means and appliances for supplying to the sick, infirm, and maimed who come to them for help, not only medicines and skilled medical and surgical services, but also an abundance of nutritious food; indeed, that the question of food ought to be the first, where it is generally the last consideration.

There is an impression among many laymen, who have the charge of hospitals, that "extras," including eggs, milk, etc., with the services of the "diet kitchen," ought to be reserved for the few who are very seriously ill, and that all the slightly ill or convalescent should be content with the "ordinary" diet of the hospital, which is seldom very attractive to even a sound stomach. Those who have had experience in the United States army hospitals know that this was never the theory or practice of these hospitals; but that all of the regular rations were commuted, and with the money thus obtained nothing but what might be termed "extras" were purchased.

If a man is able to eat hard-tack and salt pork, or tough beef and unsavory soups, he is able, generally, to go to work, and ought not to remain in the hospital. Though well in other respects, and detained only because his broken limb is not thoroughly repaired, it does not follow that he can eat and digest what he could easily master when working out of doors, and carrying brick-hods to the top of five story buildings. If it is an object to get these men speedily out of the hospital, and thus save the tax-payers; if it is desirable to restore them soon to their families, of whom they may be the sole support, then it will be necessary to give them food that will encourage an appetite and be easily digested by a stomach weakened by long confinement, sicknes, and anxiety. They must be treated in this respect in the hospitals, as we—you and I—are treated at home, where the utmost care is taken to see that our food is suitable and appetizing; where, although we may have ceased to take medicine, so long as we find ourselves unable to return to our usual outdoor duties, we are fed only upon "extras." These same poor people, inmates of the hospitals, if they were at home, in their own humble apartments, would be fed better, so far as the quality and mode of preparing the food is concerned, than they are in most public hospitals. No pains are spared, generally, to furnish the poor all the medicine they need; but what they want most, and get the least, is good food.

The medicines and liquors dispensed at Bellevue Hospital during the six months ending July 1, 1877, cost $7, 750; and for all the charities and prisons under the charge of the Commissioners of Public Charities and Correction, these two articles cost, for the year 1876, $40, 892; about one-fourth of which, the apothecary informed me, was for liquors; leaving a balance of about $32, 200 as having been expended for other medicines than stimulating liquors. Possibly a much larger sum has been expended for "extras" in the same institutions. Upon this point I am not informed, but my long connection with this, and other civil hospitals, enables me to say that it is generally more difficult to obtain proper food, and a supply sufficient for the demand, than it is to obtain good medicines and in sufficient quantity.

In these remarks there is no imputation upon those excellent and humane gentlemen who are in charge of these institutions. In my opinion we are alone responsible for this state of facts, inasmuch as we have hitherto failed to urge upon them and the public the greater importance of nutriment and the comparatively less importance of medicine

Some intelligent men and women, not of our profession, have seen the want before we have, and they have established in various parts of the city diet kitchens, to supply the very want of which I am speaking, and which are properly made subsidiary to the dispensaries. There ought to be one immediately connected with every dispensary, and in the same building as the drug store now is. Indeed, I would be glad to see one-half of the drug stores, and all of the liquor stores converted into diet kitchens. I am not quite certain that they need all to be eleëmosynary in their character. It is possible they might, some of them, be self-sustaining. They will not have to be taxed like liquor shops, to pay for the crime and pauperism they create—nor will they kill as many people by accidental overdosing as do drug shops, not to speak of the deaths from overdosing caused by the prescriptions of illiterate and careless doctors. Those who have them in charge will not require a very long apprenticeship, and need know nothing of Latin.

Very few of their materials will have to be imported, and they will require very little advertising, so that all in all these diet kitchens can be run very cheaply.

You will not consider it out of place, I trust, if I read to you the opinions of a professional athlete, Mr. J. M. Laffin, as reported in one of our morning papers—the *Herald* of October, 21, 1877. He is speaking upon the subject of diet in training.

"In the first place, there are at the present day many young men who are preparing or training for athletic pastimes or pursuits who naturally apply for instruction as to diet to some professional athlete, who gives them the stereotyped advice: 'Eat plenty of rare meat.' Now this advice would be all well enough, perhaps, if the stomach of the one asking advice was as strong as that of the one giving the advice; but it is not, of course, and so, as it

requires a great deal of tone and strength in the stomach to digest rare meat, the beginner in athletics finds himself unable to digest the rare meat he eats.

"Then in the second place, nothing is well digested in the stomach against which the palate revolts. In many instances—myself, for example at first—the taste of very rare meat is very unpalatable indeed, and to overcome this difficulty, recourse is had to all sorts of spices and condiments to render it more pleasant. Most spices and condiments are pernicious in the long run to digestion, and so rare meat, eaten under these conditions, becomes positively injurious.

"Meat ought to be neither rare nor what is called well done, but medium, so as to be palatable without spices, etc., while at the same time it retains a large share of its natural juices.

"More harm has probably been caused by this notion of rare, underdone, bloody meat being unwholesome, than by any other idea on the whole subject, and the very first thing, young men, especially young men luxuriously nurtured, who take a personal interest in athletics, should do is to abjure this notion altogether."

In these opinions I fully concur, and if Mr. Laffin's opinions are sound in reference to the eating of raw and highly seasoned meats by those who are in health, it is quite certain that this, to civilized palates, disgusting and overseasoned food is unsuitable for the sick, and it would be well if medical men would give attention to the common sense and practical remarks of this gentleman.—*Hospital Gazette.*

EDITORIAL.

Physicians and Privileged Communications.—In the Senate of Maryland, on February 26th, a Memorial was presented, from the Medical and Chirurgical Faculty of Maryland, for the passage of a law justifying medical practitioners for refusing testimony in the courts as to disclosures by their patients.

Confidential communications should be held sacred of all men and it seems a travesty on law and justice that lawyers, *alone*, should be protected in professional communications.

Dr. Christopher Johnston, in his address before the last meeting of the Medical and Chirurgical Faculty, says: "By the nature of our calling we are often obliged, in the strict confidence of professional relation, to become the repository of communications of the gravest character, the divulgence of which might compromise reputation and personal safety, or destroy the peace of families; and yet they are made or may be uttered solely with a view to aid us in the comprehension and treatment of cases. As the law now stands in Maryland the "medical person" so confided in has no protection in the law: nay more, even if the judge choose to overlook the refusal to appear, the doctor, like any other witness, may be prosecuted for damage sustained by the party calling him if it can be shown that by the withholding of testimony the party's interests had suffered."

We have no doubt the Memorial presents the matter in a clear light, and we trust the Legislature will give it full consideration, and accord the profession a modicum of the protection guaranteed in other states.

Another Enlargement.—On the first day of May next, the beginning of the Third Volume, the Maryland Medical Journal will again be enlarged, by the addition of [illegible] two pages more of reading matter, to meet the constantly growing demands upon it in the rapid advance in the different branches of medicine.

It is a fact no less gratifying than true, that there is greater activity, of the professional mind, in the matter of literary development, at present than has been known for many years; and as it is our aim to keep pace with every requirement of the profession, we shall continue to enlarge, and otherwise improve the Journal, from time to time, until it shall have few equals and no superiors in this country. (N. B. —The price will always remain the same—$3. per annum in advance.)

The Duty on Quinine and Bark.—In the United States Senate, on the 15th of February, Senator White presented a petition for the Harford County Maryland Medical Society, favoring the removal of the duties imposed on crude Peruvian bark and quinine. It was referred to the Committee on Finance.

The present duty amounts almost to a total prohibition, and puts in the hands of one or two manufacturers a huge monopoly which operates particularly and painfully upon the indigent. Quinine and

bark are necessities, in nearly every state in the Union, and the profession should move, with one accord, to have the duty removed or so reduced as to bring European manufactures in competition with our own excessively high articles.

CONSOLIDATED.—Last year the College of Physicians and Surgeons bought out the Washington University, and moved to their buildings on Saratoga street. Recently a bill was passed by the Legislature consolidating the two into one corporation.

BRIEFS.

SUSPENSION OF THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.—The suspension of the *The British and Foreign Medico-chirurgical Review and Quarterly Journal* is announced in the October number. The reason given for its discontinuance is, "that the same impatient spirit which looks for rapidly recurring issues from the secular press has spread itself among medical readers, and the acknowledgement is sadly made, that the thoughtful old quarterlies must yield to the more spirited monthlies and weeklies." It dies gracefully, after an honorable existence of thirty-eight years, during which time it has maintained a leading position in directing medical opinion and progress.—*Canada Lancet.*

DOCTOR'S FEES.—The London *Times* continues to publish numerous letters about doctors bills. One of the M. D.'s writes:

Sir—The gist of the whole matter is that people do not like to pay the doctor at all. No peculiarity in the way of making out his account would ever atone for the fact of his sending it in. I have met somewhere the following lines, which faithfully enough express the popular feeling:

> Three faces wears the doctor; when first sought,
> An angel's; and a God's the cure half wrought;
> But when, that cur · complete, he seeks his fee,
> The devil looks less terribly than he.

THE Italian Government having determined that a national Pharmacopœia is a necessity, has organized a commission for its preparation, and appointed Professor Cannizaro, of the University of Rome, its president.

TABLE-SALT IN MILK FOR CHILDREN.—Dr. Q. C. Smith, of Cloverdale, conveys a valuable hint in the following note: "When cow's milk is found to disagree with hand-fed babies or small children, it may in many cases be rendered entirely wholesome to them by adding to it a small portion of table-salt; just enough to be perceptible to the taste. I have for years directed the practice of this expedient among our people, and know it to be of real value.—*Pacific Med. and Surg. Jour.*

POST PARTUM HÆMORRHAGE.—NEW METHOD OF USING PERCHLORIDE OF IRON.—Dr. Jas. Brisbane (*London Lancet*) in cases of port partum hæmorrhage applies to the bleeding surface of the uterus a sponge soaked with tincture of iron. The blood coagulates, the uterus contracts and the patient is out of immediate danger. At the following visit the sponge is found in the vagina. All the apparatus needed is a two ounce vial of tincture of iron and a sponge. In all the cases thus treated—four—the results were all that could be desired.

THERE is nothing like presence of mind. A well known surgeon was performing a difficult operation at one of the London hospitals the other day, when the unfortunate patient suddenly died. After a short interval, said the doctor to the assembled students: "I will now show you, gentlemen, how I should have completed the operation had the patient not succumbed."

A poetically inclined admirer of the sex, and the present styles of walking costumes, and the mode of carrying them remarked the other day "that the sight of a pretty girl tripping airily along, with her skirt in hand, stirred influences in his breast that set to vibrating the most harmonic notes of his nature" His friends prescribed potash.

LESIONS OF THE PANCREAS IN DIABETES.—The *Gazette des Hopitaux* states that recently M. Lancereaux laid before the *Academie de Medicine* some specimens, exhibiting extensive lesions of the pancreas in subjects of diabetes.

USE OF CAPSICUM, WITH QUINIA.—Prof. W. H. Thompson says that either capsicum, ginger, or other aromatics, combined with quinia, will diminish the amount required of the latter.

THEORY OF CONTAGION.—If contagion consists, as claimed by Tyndall, of definite particles, sometimes floating in gas, or in the air, or in the liquids we drink ; and that like organic seeds in the soil, the particles multiply themselves indefinitely in suitable media, the great probability being that their disease-producing facilities are living things—not gaseous or liquid,—but solid, the treatment of disease will resolve itself sooner or later into a kind of *germicide* within and without the body—within, in the fluids and secretions of the body—without, in the noxious elements that surround it.—*President's Address, Can. Med. Ass'n.*

BALSAM FOR THE PREVENTION OF SYPHILITIC INFECTION. (*Annal de Polli.—Allg. Med. Cent.-Ztg., No.* 74, 1877).—Chloral hydrat., acid salicylic, glycerine and sulphate of soda, āā 1½ parts ; aq. dest., 4 parts ; spts. vini, 1 part ; to be heated to 40° and thus kept for a few minutes till the complete solution of the sulphate of soda then filtered, and to have sufficient water added to keep a perfect solution. Prior to coitus the organ is to be bathed in this, which will form a light coating, and by its chloral vapor will remove all danger of infection.

ABORTIVE TREATMENT OF BUBOES.—Buboes may be prevented from suppurating and entirely removed, by promoting absorption through the aid of gentle pressure. This may be done by using an ordinary truss, and bathing frequently with Goulard's extract.

A CASE OF MALARIAL UNILATERAL HYPERIDROSIS (periodical), affecting the right upper extremity, is reported in the *St. Louis Clinical Record*, by Dr. O. V. Gardner, of Serbin, Texas. Quinine was given, and recovery speedily followed.

RECENTLY a damaging explosion occurred in a mixture ordered by a physician, of nitromuriatic acid and tincture of cardamom. Nitromuriatic acid should always be prescribed by itself.

VOMITING OF PREGNANCY.—Add thirty drops of tincture of iodine to 8 oz. of water, and give in tablespoonful doses every hour.—*Gaz. Med. di Roma.*

PICRATE OF AMMONIA, in grain doses, for the adult, is, according to Dr. J. W. Snider, of Fairland, Ill., speedily efficient in the treatment of intermittents.

THE induction of reflex action by "blowing in the ear" is said to be efficient for the removal of a foreign body in the throat, such as a piece of meat.

OBITUARY RECORD.

DR. NINIAN PINKNEY, Medical Director N. S. N., died at his residence in Easton, Md., Dec. 15th, 1877, in his sixty-seventh year. He was the son of Ninian Pinkney, the nephew of the illustrious William Pinkney and brother of Bishop Pinkney.

His education was obtained at St. John's College, from which he graduated in 1830. In January of that year he commenced the study of medicine with Dr. Edward Sparks, of Annapolis. He attended medical lectures at the University of Maryland, in 1831–32, and the following year at the Jefferson Medical College, Pa., where he graduated M. D., in April, 1833.

On the 26th March, 1834, he entered the U. S. N., as an Assistant Surgeon, and continued on active duty until retired as Medical Director with rank of Commodore in 1873.

Dr. Pinkney possesed a vigorous intellect and an active temperament, which, with his ardent love of his profession, enabled him to perform a large amount of professional work and literary labor outside of the requirements of his official duties. In 1839 he prepared and delivered a series of lectures to the medical profession and the students of the two institutions of Philadelphia, "On the Nerves of the Brain and Organs of Sense." They were published in pamphlet form the same year. In 1848 he delivered a lecture at Annapolis on the "Life and Character of Admiral Collingwood," which was also published in pamphlet. In 1849, when Asiatic cholera was attracting much attention from the profession and the statesmen of America, he prepared a lecture on the subject, giving a graphic history of its rise in India and

its simultaneous importation into Europe and America. This lecture was delivered by request in several cities, and was opertune and appreciated by the profession. In 1854 he delivered a lecture, by request of the Maryland Legislature, on the subject of the "Home and Foreign Policy of the Government of the United States." This paper was published by the Maryland Legislature. This year he also delivered the Commencement Oration at St. John's College, and made the Presentation Address at the Naval Academy, by request of the Secretary of the Navy, on the occasion of the Commodore Perry's presenting the flag that had been raised on the soil of Japan. He delivered an oration before the Society of St. John's College in 1873, and lectured in Easton and Centerville, Md., on "Public Hygiene," in 1875-76.

The Doctor was a member of the American Medical Association from its organization, and its records show his frequent attendance, and zeal, and ability for promoting the efficiency of the medical corps of the Navy. He was one of the Vice-Presidents in 1876. He was a member of The British Medical Association, and an honorary member of the California State Medical Society. He received the vote of thanks of the General Assembly of Maryland in 1848, for gallant and meritorious services in the Mexican war. The Honorary Degree of LL. D. was conferred upon Dr. PINKNEY by St. John's College in 1873.

The Doctor had a strong predilection for Surgery. He performed not a few of the most important operations in which he was very successful.

His last cruise was under Admiral D. D. Porter, as Fleet Surgeon of the Mississippi Squadron in 1863.

DR. HENRY REGINALD NOEL, lately of this city, died at his old home in Essex county, Virginia, after a protracted illness, on January 23, 1878, aged 42 years.

He spent three sessions at the University of Virginia, to wit, those of 1856-7, 1857-8, and 1858-9. The first session he graduated in Moral Philosophy, the second and third year he took the medical course and graduated. After receiving his degree, he came to Baltimore, remained as a Resident Physician for a year in the Baltimore City Alms House, he then opened an office in the Western section of the city. On the breaking out of the war between the states he went

South, joined the Confederate army, and was elected surgeon of the 60th Va. Regiment; subsequently he was promoted to the position of Division Surgeon of the forces under the command of General Wharton. At the close of the war he returned to Baltimore, and again settled, near Franklin Square, where he practiced medicine with success up to the time of the failure of his health in 1876, owing to which he removed to the home of his nativity in Virginia. He was elected Professor of Physiology in the Baltimore Dental College in 1867, (I think); in 1873 he was elected to the chair of Physiology and Hygiene, in the College of Physicians and Surgeons; he resigned this position owing to declining health in 1874.

He leaves a family of a wife, five boys and one girl.

Dr. Noel won many friends and admirers in this city who will sincerely mourn him. He was a true physicician, a faithful friend, and devoted husband and parent.

Dr. Warren B. Short, a recent graduate of medicine, and a young man of extensive popularity, and great promise, died recently, at his father's residence, in Pender County, North Carolina.

Prof. Albert Smith died at Peterboro', N. H., Februray 23rd, 1878. He was among the foremost of medical instructors in this country, and was connected with Dartmouth College at the time of his death.

Dr. Benjamin B. Miles, of this city, died on the 8th ultimo, in the 37th year of his age. He was a son of the late Gen. Dixon S. Miles, United States Army.

Dr. J. E. Harrington, of this city, died on the 6th ultimo, aged 26 years.

Dr. L. P. Yandell, Sr., of Louisville, Ky., died February 4th, 1878, in his 73rd year.

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ORIGINAL PAPERS.

AN ADDRESS COMMEMORATIVE OF NATHAN RYNO SMITH, M. D., LL. D., LATE PRESIDENT OF THE FACULTY OF PHYSIC AND EMERITUS PROFESSOR OF SURGERY, IN THE UNIVERSITY OF MARYLAND.

DELIVERED BEFORE THE ALUMNI ASSOCIATION, MARCH 1st, 1878. BY S. C. CHEW, M. D., PROFESSOR OF MATERIA MEDICA AND CLINICAL MEDICINE, IN THE UNIVERSITY OF MARYLAND.

MR. PRESIDENT AND FELLOW-ALUMNI OF THE UNIVERSITY OF MARYLAND:

By the too partial judgement of some members of our association, to whose wishes I could not but assent, the duty has been committed to me of preparing for this occasion an account of the life and labors of the late distinguished ornament and acknowledged head of our profession, Dr. Nathan Ryno Smith.

When I consider the position occupied by this eminent man, in the esteem of all his colleagues and in the affections of those whose privilege it was to know him more closely than in the relations of professional usage and courtesy, I shrink from the task of endeavoring to portray a character which has stamped itself upon the minds and hearts of many here present. For I am well aware that I must inevitably come far short of that high ideal of professional excellence and of moral worth which every one in contemplating my subject has formed for himself, and by comparison with which any picture that my pen can draw, shall be indeed but a "counterfeit presentment."

A distinguished critic of our own time in entering upon the discussion of the last work of a great philosopher who in early life had devoted himself to the study of medicine, and had but recently passed away, has confessed that he felt unequal to the judicial task of pronouncing upon the labors of one in whose behalf his emotions were so enlisted that he could not trust his judgement. "All the lines of that venerable countenance are before us," he says; "all the little peculiar cadences of that voice from which scholars and statesmen loved to receive the lessons of a serene and benevolent wisdom, are in our ears." And so, in whatever relation I consider our departed chieftain, whether as a clear and perspicuous teacher, as a beneficent and successful surgeon and physician, or as a most kind and considerate friend, all the lines of his venerable countenance are before me; and instead of seeking to analyze his professional character and work, I am prompted in the spirit of the Hebrew whose master was parted from him, to say only—My father, my father.

The memories of many here can without aid supply such pictures as those to which my thoughts revert. You can recall him as he appeared so often in consultation; and who that has enjoyed the advantage of his counsels, can ever forget the courteous deference which he always showed for the opinions even of his juniors; his readiness to aid them in bearing their burdens; or that rare diagnostic skill with which he seemed to reach his conclusions almost by intuition.

In your minds' eye you can see him in the amphitheatre in the attitude of dignity and command which always belonged to him. As he illustrates and enforces his teaching, he points to the diagrams on the wall, and his wand must always be at hand, for like the magician's divining rod it seems to have some mystic connection with the exercise of his powers. Or again he is going his early morning rounds through the hospital wards, setting in clear light the leading points in the cases before him; mingling his words of instruction to the students with those of kindliness and encouragement to the sick, and often of gentle humour, if the patient chances to be a child. Such are some of the many pictures which our memories may recall.

Nathan R. Smith was born on the 21st of May 1797 in the town of Cornish, on the banks of the Connecticut river in New Hampshire, where his father Dr. Nathan Smith, afterwards Professor of Physic and Surgery in Yale College, had been for ten years engaged in the practice of his profession. Biography has often found a not unnatural interest in tracing the influences that country and climate may have exerted upon its subjects; as well as those which are due to hereditary transmission. It is no doubt of importance to inquire, in studying the life of any man, what have been the means by which his mind has been shaped for the pursuits to which it has been applied, and what share such influences have had in moulding it and giving it the bent it has taken; how far they may have favoured the course that has been followed up in after years; or on the other hand, to what degree they have been inimical to it, and needing therefore to be resisted and overcome.

The region of New England in which Nathan Smith the elder was born, and passed a large portion of his life, was in its combination of mountains, rivers and lakes, and in the austerity of its soil and climate not unlike the "Caledonia stern and wild" whence many of its original settlers emigrated, and whose character has often been stamped upon the children of its soil with an impress traceable for generations. Here too it might then have been said that

"Its bleak hills afford
But man and steel, the soldier and his sword."

It was a school of hard endurance, and of continual conflict with nature and with foes more savage than nature in her sternest mood. And accordingly we find that Nathan Smith at one time joined the Vermont soldiery organized to repel the Indian invasions that constantly threatened the frontiers of the state. On one occasion he narrowly escaped death from a shot fired by an Indian lying in ambush. It is not known how long he was engaged in this service; but in after life he frequently referred to the struggles and hardships of this early campaign carried on by the pioneers of civilization against the inroads of savage foes.

Besides this actual warfare, he was engaged in other pursuits incident to the time and the unsettled state of the country, which

tended to produce habits of fortitude and endurance. A portion of his time was occupied in destroying beasts of prey that infested the neighborhood of his early home, and this necessary work was often diversified by the excitements and pleasures of a hunter's life. It was the custom for parties of young men to be absent from home for many days on such expeditions. On one of these excursions it is stated that "he was left by his companions in mid winter at a distance from home with a slender stock of provisions. While waiting for their return his supplies were exhausted, and, what was more unfortunate, a sudden thaw came on which, softening the surface of the snow, then many feet in depth, rendered travelling impracticable. Here he was detained several days, subsisting entirely on the unsalted flesh of some game he had taken. By the time the impediments to travelling were removed, he was suffering, in consequence of exposure and improper food, with severe and distressing disease. With difficulty he reached the nearest house at which, and afterwards at his father's, he was for many months confined by sickness."*

Such were the schools in which we may suppose he learned his early lessons in that boldness and self-reliance which were afterwards his prominent qualities as a surgeon, and which he transmitted in as large a degree as he himself possessed them, to his son.

Leading thus a life of industry and bold adventure, he attained his twenty-fourth year, when an event occurred which turned his thoughts into a new channel, and led him to embrace the profession of medicine of which for more than forty years he was a distinguished member.

Things small in themselves have often a far reaching significance. The event referred to was his presence at a surgical operation performed by Dr. Josiah Goodhue, then the most noted surgeon in that part of New England. We know not what it was; but however trivial its nature may have been, it was of importance as determining perhaps, not only his own course in life, but that of his son, his grandsons, and possibly of generations in the descending line of

*Address by Prof. Knight of Yale College.

surgeons yet to be. Such was the impression made upon his mind by what he then witnessed, and so much were his curiosity and interest excited that he expressed to Dr. Goodhue his desire to study medicine and asked to be received in his office as a student. The aptitude and promise that he showed seem at once to have favourably impressed his future preceptor ; and after having followed the advice then given in regard to a course of preliminary study, he remained for three years under Dr. Goodhue's instruction. On completing this term of study, he began the practice of his profession at Cornish. His natural endowments aided by the vigor and industry with which he devoted himself to professional study and labor, placed him in advance of the large majority of the medical men with whom he came into competition. Throughout the provincial portions of the country medical education was then very imperfect, and professional skill and knowledge were far behind what had been attained in the larger towns. Distinction might therefore have been cheaply won in a contest with what was lower than mediocrity. But conscience and pride alike forbade Nathan Smith to seek a level only just above ignorance and pretentiousness ; and so with the desire of acquiring the principles of science as taught in the first school of learning in the country, he repaired to Harvard University, and and attended there the courses of lectures on Medicine, Surgery and Natural Philosophy.

At the end of the term he took the Degree of Bachelor of Medicine, after submitting an inaugural thesis on the 'Circulation of the Blood,' which was of such merit that it was published by direction of the Faculty. Returning then to Cornish with ampler knowledge and resources he resumed his practice. And once again in later life with the desire of fitting himself the better for a special duty that he had undertaken, he left a practice which had then become large and lucrative, and spent a year partly in London and partly in Edinburgh, to whose school the teaching of Monro and Black had given a reputation which caused it to be recognized as the fountain-head of medical knowledge.

The special occasion of this sojourn abroad was the establishment at Dartmouth College of a medical school which Dr. Smith

had himself projected, and in which he was appointed Professor of Medicine and Surgery. The ability which he here displayed as a teacher, together with his established fame as a physician and surgeon, naturally suggested his name to the authorities of Yale College, when the medical department of that seat of learning was founded in 1813. He accepted the chair to which he was invited in that institution, and delivered there an annual course of lectures on the Theory and Practice of Surgery and Physic, until his death in 1828.

I have dwelt thus at length on the chief incidents in the life of Nathan Smith the elder, because it fore-shadowed his son's career; and because it is interesting to see how the two lives viewed in connection with each other illustrate the unchecked working of the law of heredity, the free play of which is so often interfered with by various circumstances of life. Some of the qualities which go to the making of a surgeon would seem to be readily transmissible by descent; those, namely, which belong to the physical side of human nature, such as keenness of eye, celerity and ease of movement, and that ambidexterity to which Celsus gave so high a place in his summary of a surgeon's endowments. The tendency to hereditary resemblance in mental faculties may be just as strong; but possibly from the greater delicacy and more complex character of the organ which is the instrument of intellectual action, the balance and proportion of its parts may be more easily disturbed; and there is commonly seen in children a wider departure from the mental level of the parent, sometimes in the way of improvement, and sometimes of deterioration, than is the case with their physical structure. Some of you have seen the likeness of the elder Smith, and if with the recollection of the form and features there delineated, you turn to the majestic portrait of the son which stands before you to-night, you can see the same earnestness of purpose, the same enterprise without rashness, boldness tempered with caution, and self-confidence which grew out of the possession of large resources, and the knowledge that they were always ready for use.

The words which the late Prof. Nathan R. Smith, in a brief sketch, wrote of his father, might with equal truth be applied to

himself. "In the practice of surgery," he says, "Prof. Smith displayed an original and inventive mind. His friends claim for him the establishment of scientific principles, and the invention of resources in practice, which will stand as lasting monuments of a mind fertile in expedients, and unshackled by the dogmas of the schools."

It is curious and interesting to see in these words with what accuracy, while describing his father, he was unconsciously drawing a portrait of himself.

During the residence of the elder Smith at Cornish his son, the subject of these remarks, was born. In that town and in Dartmouth he passed the earlier years of a life which was to be devoted to his father's calling, and in which he was destined to win a reputation as great as that which had crowned his father's surgical career. His early education was received at Dartmouth, and in 1813 he entered Yale College as a freshman, graduating there in 1817 at the age of twenty.

After completing his academic course, and before beginning his professional studies, he spent about a year and a half in Virginia as classical tutor in the family of Mr. Thomas Turner of Fauquier County, a gentleman of worth and social eminence. To this sojourn in the south may perhaps be ascribed his first early attachment to the Southern people, and his strong interest in Southern institutions and politics, which in after life developed into the intense feeling that he manifested in the disastrous years of the decline and fall of the Southern cause. On returning from Virginia he began the study of medicine in Yale College where his father then held the chair of Physic and Surgery, and here in 1823 he received the degree of Doctor of Medicine.

A question then much discussed, which as a question is now chiefly of antiquarian interest, while its results are of immense importance, was whether the first changes in many conditions of disease, and the effects also of medicines, are wrought through the blood, or are always due to a primary impression on the nervous system. This question had not then been settled by the classical experiments of Magendie and of Brodie, and the theory of nerve propagation as against the sound physiological doctrine

of absorption was still maintained by many. It is interesting therefore to find that the young student of 1823 in his inaugural thesis in which he discussed this subject, embraced and defended the true view that has been substantiated by the labors, and reasonings of the great physiologists referred to. A few years later, in 1827, he pursued the subject further, and we find his experiments referred to by Prof. Stillé in his valuable work on Therapeutics, along with those of Magendie, Sir Everard Home and others.*

In 1824 Dr. Smith began the practice of his profession in Burlington, Vermont; and in the following year he was appointed to the professorship of Surgery and Anatomy in the University of Vermont, the medical department of which was organized mainly through his own exertions, aided however by his father, who, while still discharging the duties of his chair in Yale, spent some weeks in Burlington, as the colleague of his son.

The winter of 1825–26, he passed in Philadelphia with the view of qualifying himself the better for his position as a teacher by attending the lectures and observing the modes of instruction at the University of Pennsylvania. But events so shaped themselves that what was intended to be only a temporary sojourn, resulted in a final departure from his New England home, where he never returned to reside. Soon after going to Philadelphia he became acquainted with Dr. George McClellan, who, though not connected with the University of Pennsylvania, was well known as an able surgeon and anatomist, and gave private instruction to many pupils. This gentleman was at the time associated with other physicians in laying the foundations of the Jefferson Medical School, destined afterwards to enter into distinguished and honorable rivalry with the older University. Such was the impression made upon him and his colleagues by the ability and professional knowledge of Dr. Smith, that they invited him to unite with them in their enterprise and tendered to him the chair of Anatomy in the new school.

This position he held for two sessions, and it is interesting to note that during his incumbency he counted among his pupils

*Stille, Vol. 1, p. 51.

two gentlemen who afterwards attained, and happily still live to enjoy, a world-wide reputation in their profession. One of these was the present illustrious head of American Surgery, the Coryphæus of his order, Prof. Samuel D. Gross. And some of you will remember how on that day ten years ago, when the profession in Baltimore had assembled to do honor to its chief, and to welcome him home on his return from European travel, the great surgeon of the sister city united with us in our ovation and partook in our rejoicing. As we saw them side by side, "the good, grey heads that all men knew," they seemed to be brothers, separated by no long interval of years; and no where in the world could there have been found fitter exponents than they of the learning and skill which have created the science and art of surgery. The other pupil to whom I refer was Dr. Washington L. Atlee, the distinguished ovariotomist, whose labors in the advancement of American gynæcology are everywhere held in deserved honor.

Dr. Smith's connection with the Jefferson School was not of long duration. The chair of Anatomy in the School of Medicine of the University of Maryland, became vacant by the resignation of Prof. Granville Sharp Pattison in 1827; and the position was tendered to Prof. Smith, and accepted. The advantages of the change seemed obvious. The Jefferson School was then in its infancy, and our own University, although these events occurred more than half a century ago, had been in successful operation for twenty years, and had already attained its wide celebrity throughout the south and west. And besides, the chair of surgery was apparently in near succession to that of anatomy, and when attained would be more directly in the line of advancement in professional practice; and the field for surgical ambition was then much less occupied in Baltimore than in Philadelphia. His decision was therefore made; in 1827 he came to this city to begin his duties as teacher, and was soon engaged in extensive surgical and medical practice. On the death of Prof. John B. Davidge, in 1829, Prof. Smith was at once transferred to the chair of Surgery. In Baltimore he found a congenial home; fifty years of his life were completed here, and when at the age of four-score

he was laid to rest among us, his name had been for whole lifetimes a household word throughout our State. From the Alleghanies to the Chesapeake, no one was more thoroughly in heart and feeling a son of the soil, more truly a Marylander than he.

About 1838, Professor Smith accepted an appointment to the chair of Practice of Medicine in the Transylvania University at Lexington, Kentucky, which necessitated his absence from Baltimore for about four months in the year. His residence here was however, never given up. At the close of each session of the Western School during the few years of his connection with it he returned here and resumed his professional work. Kentucky was then a western state, and the journeys to and fro were far more serious matters than they now are. This frequent travel and the establishment of another centre of influence and reputation brought him into contact with men distinguished in public life. It was in one of his sojourns in Kentucky that he became acquainted with the illustrious Clay, whom he afterwards received as a welcome and honored guest at his own house in this city. Professional engagements in Washington gave him other opportunities of meeting that distinguished man, and there also he formed an acquaintance with the great statesman of the north, Daniel Webster. I may mention here, parenthetically, for there is a moral to the story, that Prof. Smith has spoken of the very imperfect notion betrayed by Mr. Webster in conversation with him of the nature and mechanism of the circulation of the blood; while yet he showed a desire to profit by his opportunity, and repair his defective knowledge. Surely an important lesson may be derived from a fact like this; for if he, who by the consent of all was one of the most acute and widely informed men of his time, was thus unacquainted with the fundamental physiological fact upon which rational medicine rests, how little is the judgment of even the more educated among the laity to be regarded in any medical question. And yet how readily and flippantly do we often see such judgement given. Persons will generally admit their scanty knowledge of jurisprudence, and sometimes, even of theology; but how many there are ready to do battle, *a outrance*

on behalf of mesmerism, electicism and the countless *pathies* and follies which flourish only because ignorance is ever the ready victim of fraud.

It has been seen that Prof. Smith was connected for brief periods with three other schools of medicine: one in Vermont, one in Pennsylvania, and one in Kentucky. But it was in the position which he filled for nearly fifty years as Professor of Surgery in the University of Maryland, that his life-work was done; and it is in association with this school that his name will live in the annals of American Surgery. Soon after coming here he prepared his work on the Surgical Anatomy of the Arteries, which brought his name prominently before the profession; from his chair in this school he gave to surgery his Lithotome; here he invented the apparatus which he himself regarded as his chief contribution to surgical appliances, I mean, of course, his Anterior Splint; and here, as his last offering to science, he published his work on Fractures of the Lower Extremity.

When he came here he was young; reputation was still to be achieved, and his professorial appointment was no doubt an aid in obtaining work and fame. The obligation to the University which he thus incurred was however amply repaid by his steadfast efforts to advance her interests, and by the lustre which during a long course of years he reflected upon her. His success redounded to her credit; his genius and his fame have been, and will continue to be, her proud possession.

As fellow-alumni we may rightfully claim that our Alma Mater is held in honor throughout the land. Young graduates, who to-day have won your academic laurels, let it be your constant effort to maintain the reputation handed down to you from the past; to adorn the Sparta in which with other generations you have a common birth-right. Go where you may, and you will find some of your brothers of preceding years occupying positions among the foremost medical men of America. In both the Military and Naval branches of the public service, distinguished representatives of which we welcome here to-night; in the professorial chairs of other schools; and in the many responsible posts filled by trusted and experienced practitioners; in all these

spheres of duty you will encounter your fellow-graduates; and wherever you may feel the grasp of a brother's hand to welcome you, there you will find a heart in which Nathan R. Smith is held in honored and grateful remembrance.

The qualities by which he won his professional position, were such as in their aggregate constitute genius perhaps; or if there be such a thing as genius without them, be sure that they will carry their possessor further in the race than genius by itself. These qualities were great acuteness of perception, an extraordinary power of adaptation to circumstances as they might arise, promptness of action which sees what is needed to be done, and straightway does it, making "the firstlings of the heart to be the firstlings of the hand;" and above all, indomitable, untiring industry. The combination of traits that he possessed could hardly be better expressed than in a saying of Lord Tenterden about Sir Thomas Wilde, afterwards Lord Truro, that "he had industry enough to succeed without talents, and talents enough to succeed without industry." And yet with his great gifts there was about him a remarkable simplicity of character, and a transparent ingenuousness which was as incapable of affectation as of falsehood. On his face were always apparent the "*bene nota fides, et candor frontis honestæ.*"

His time was constantly occupied; for professional work came to him in large measure, both directly from those needing his services, and also through other medical men who were glad to profit by his counsels. And yet he never aimed at that overwhelming practice which robs life of all rational enjoyment, and in which the quality of the work done is but too apt to be in the inverse proportion to its quantity.

Nor was it his object to amass a large fortune, such as has often been made by men in his profession of far less abilities than his. While his work secured to him the ample means which industry applied in a large sphere always commands, and while there were many appeals made by charity to his large-hearted generosity which he was ever ready to answer; he would yet have esteemed it a debasement of skill and knowledge to make the acquisition of money the prime object of his exertions. And yet

I can imagine no higher or nobler success than that which crowned his professional life; for it was nothing less than his elevation by the willing suffrages of all his brethren to the post of leader and chief among them.

In 1867 when he had completed his seventieth year, Prof. Smith made his first and only visit to Europe for the purpose of obtaining rest and relief from the effects which the unremitting labor of a life time had begun to produce upon his vigorous constitution. Though he had no professional objects in view, but traveled only for relaxation and amusement, it was but natural that his attention should be turned to subjects which had been the chief interests of his life. He visited accordingly many of the noted European hospitals; and as his reputation had long preceded him, he received everywhere a cordial welcome from the most distinguished surgeons of Great Britain and the continent.

He returned home in October of that year, strengthened and refreshed to some degree. But painful disease and the infirmities of age soon began to press upon him, so that he was compelled to devote less attention to his professional work; but yet he did not entirely withdraw from practice until the last few months before his death. Even during this period of weakness and suffering his active mind seemed never to be idle; part of his time was occupied in office consultations; part in preparing a work on Surgery, which, had he left it far enough advanced for publication, would no doubt have been of great value, as embodying the results of his remarkable faculties of observation and his vast experience.

Professional subjects occupied a large share of his thoughts; but he was always interested in general literature; and the classic tastes which he had formed in early life proved to him a source of refined pleasure. When we consider what he loved in literature and what he achieved in science, these tastes may be regarded perhaps as a protest in behalf of a system of mental training under which the greatest minds of the Anglo-Saxon race have been moulded, and which it is too much the fashion in our day to treat as obsolete and destined to be superseded by other methods.

The books which in his latter years seemed to give him most delight, were Homer, chiefly in Lord Derby's translation, the Aeneid, and Plutarch's Lives.

And there were more important themes to which in his declining years his thoughts constantly turned.

It was a saying of the Emperor Charles the Fifth's wise Chancellor that "some space should intervene between the active business of life and its close;" "*inter negotia vitæ et supremam ejus finem oportet esse aliquid spatii.*" Well were it if such space for contemplation, such a "*senii penultima sedes*," were always accorded; for the tumult and the toil of busy life are not favourable for calm reflection. But as the period draws on in which, as an old writer says,

> The soul's dark cottage, battered and decayed,
> Lets in new light through chinks that time has made,

then subjects which in earlier years are too often put aside, or made light of, come out in bold relief and assume their true proportions.

Prof. Smith's views on the subjects of man's immaterial being and its destinies in the future, which at one period of his life were unsettled, took afterwards a definite character, as he directed more attention to these themes. Upon these subjects I know from very many conversations with him in the past few years, that it would be his wish, *extremum munus morientis*, that the convictions of his mind should be made known to his professional brethren; and I cannot but regard it as a sacred duty to communicate them. He had looked much into the literature in which Positivism and the other forms of Agnosticism, as it has been happily termed, have been so prolific in our day; and he has told me that he found in them nothing to satisfy him. He inquired of them and found them wanting. Apart from the fact that such philosophies are ill-adapted to the higher needs of man's spiritual being, I believe that, without having given special attention to formal logic, he detected by an intuitive process as it were, the fallacies abounding in many modern works, which are erroneously supposed to represent the attitude of science itself. There is an able and laborious school of scientists, not the most intellectual how-

ever nor the most profoundly philosophic, whose greatest blemish is an intense dogmatism which demands acceptance as demonstrated truths, of what are at best only plausible but wholly unverified hypotheses.

No doubt a cautious use of the deductive method is a most valuable aid to investigation and research; but it is sometimes pushed too far, so that imagined discoveries are made to square with and lend support to a preconceived theory, not really resting upon an adequate foundation. This fault has lately received a well-merited reproof from one whose words should have weight with men of science and especially with physicians; I mean the distinguished Virchow of Berlin, whose thinking on all subjects is certainly free and unrestricted by any shackles of theologic dogma.*

Prof. Smith perceived this too prevalent error; and he saw also what is often misapprehended, that the doubting frame of mind is not in itself the highest or the final state to be attained. It is not doubting, but, as Aristotle taught, it is doubting *well*, which belongs to true philosophy.

For all his doubts and difficulties and for all the "obstinate questionings" which will arise in every thinking mind, our friend and colleague found that best solution which is offered by the Christian faith. This he accepted in its fulness. In the pain and suffering of which he had largely to partake, he found his solace and his support, not in the thought of all that he had done to allay

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*See the speech of Prof. Virchow at the annual meeting of German Naturalist Philosophers and Physicians, at Munich, September 22nd, 1877, in reply to Dr. Haeckle, and the extreme position assumed by the latter upon the question of Development. The following passage is of value as showing the judgement of so able a scientist as Virchow, upon a hypothesis for which full acceptance is claimed by many biologists, although it is supported only by inferential arguments without any direct evidence: "You are aware," says Prof. Virchow, "that I am now specially pursuing the study of Anthropology. * * * * Man may stand in some connection with the animal world; but I am bound to declare that every positive advance which we have made in the province of pre-historic anthropology has actually removed us further from the proof of this connection. * * * * Every increase in our possession of the objects which furnish materials for discussion, *has removed us further from the hypothesis propounded.* We cannot teach, we cannot pronounce it to be a conquest of science that man has descended from any other animal."

This is in effect the judgement of the French Academy upon the same hypothesis: *c'est brillante, mais ce n'est pas scientifique.*

the anguish and relieve the distress of others, though he, if any one, might have felt satisfaction in such a thought, but in the one source of comfort and pardon and peace.

The disease of which he died and which, as you know, is incident to old age, had for several years been gaining ground, and was more than usually protracted by the resistance that his vigorous constitution made to its advance. But finally on the 3rd of July, 1877, a few weeks after he had completed his eightieth year, the conflict ceased, and he slept in death.

He has left behind him the record of a great surgeon, a brave and true citizen, a magnanimous gentleman. Full of years and full of honors, he rests from a life of arduous and faithful toil. Peace to his ashes: and as the welfare of our Alma Mater and the interests of her classes were dear to him, so in her halls and in the hearts of all her alumni may his name and his memory be fragrant and fresh forever.

ELECTRICITY IN MEDICINE.

BY F. T. MILES, M. D., PROFESSOR OF ANATOMY AND CLINICAL PROFESSOR OF DISEASES OF THE NERVOUS SYSTEM, UNIVERSITY OF MARYLAND.

[Continued from March Number.]

It would appear that in distinguishing between acute atrophic spinal paralysis, (infantile paralysis and the cognate affection in the adult) and Landry's acute ascending paralysis, (which is almost invariably fatal,) the faradic currents is of great value, inasmuch as the faradic contractility is very early lost in the first, while it continues up to the last moment in the last named disease.

As a therapeutic agent, there is probably no other about which such different opinions are held as Electricity. Some appear to make use of it without the slightest recognition of its known laws, and properties, as "medicine," a misterious agent vaguely "doing good," and upsetting all known laws of physics, chemistry, and physiology, to the advantage of the patient, and the doctor, a sort of pocket miracle

of easy application, not needing the common place requirements of rational medicine. Others again dogmatically assert that it is an agent of little or no practical importance, a new invention beneath the notice of the uncompromising, conservative, regular practitioner, and would relegate it to the domain where flourish Cundurango, Damiana and Mesmerism. For myself, I believe it to be an agent of great therapeutic value even with our confessedly imperfect knowledge of its application and workings, an agent moreover which especially requires to be in the hands of practitioners of medicine who with intelligent, and impartial eyes will observe its effects in disease. and record carefully their observations, who will not apply it indiscriminately in all cases, and claim every favorable turn in the disease as the result of its use, nor on the other hand be deterred from employing it, and crediting it with its beneficial effects, because they do not understand its modus operandi any more than they understand that of sulphate of quinine, or iodide of potassium. In short, to put electro-therapeutics in its proper position, we want the records of extensive, and intelligent experience, not the anecdotal accounts of unbelievable benefits from its use, nor the surly or contemptuous refusal to investigate its asserted powers.

The most universally recognized, and brilliant therapeutic effects of Electricity have been obtained by its application to motor paralyses. And indeed many seem to think, that the fact, that by electricity we can excite contractions in muscles which are withdrawn from the influence of the will, is sufficient proof that it does good, and that the causing the muscles to contract is in itself curative of a paralysis. This is a great error, and may lead to much useless, and unjustifiable employment of electricity. Thus in cerebral paralysis, hemiplegia, the motor nerves, and the muscles commonly retain their electric excitability for an indefinitely long time, and during years as lively contractions can be excited by the faradic current on the paralyzed, as on the sound side. Here then is simply a material break in the connection between the will and the sound nerves, and muscles, a break primarily in the brain, afterwards extending by a secondary degeneration to the cord. It is obvious that exciting contractions in the muscles of the paralyzed limbs can do nothing towards repairing this break on which alone the paralysis depends, and yet it is just in such cases that we find the ignorant, and the designing applying Electricity to the paralyzed parts, and amusing their patients, and exciting their hopes by causing lively contractions in the "dead" limbs. In cases of paralysis

of cerebral origin, if we are to effect anything by Electricity, it must be by applying it to the brain, and this we can accomplish only by the employment of the Galvanic current, the penetrating properties of which enable it to traverse the walls of the cranium. I have certainly obtained improvement by this treatment though not to the extent claimed by some. Thus in a case of hemiplegia, after the improvement in the use of the arm had come to a standstill for months, it again made some advance when electrization of the brain was begun.

In paralyses of spinal origin, (and my allotted time forbids my taking them up in detail,) we may fairly claim for Electricity a foremost place amongst the appropriate therapeutic agents. In the treatment of spinal paralyses we must remember that it is not only the cure of the patient that we should have in view, but that when we despair of this, it still remains to us to fight a losing battle with skill, and untiring effort, to struggle with the disease at every step, retarding as much as possible what we cannot wholly arrest. And in accomplishing this, I claim for the galvanization of the spine, most gratifying results. In the use of it we must keep in mind the rule to make its application as near as possible in loco morbi, and so place the electrodes that the diseased portion of the cord may be brought directly under the influence of the current, changing from time to time, and according to circumstances the pole that stands in the closest relation to the affected part, and being careful not to use a current too strong, nor to apply it too frequently, nor for too long a time at each application. We must be prepared to keep up the treatment for a long time, with intermissions, however, this I think a point of great importance. Although I do not believe that the Faradic current can directly reach, and affect the cord, it nevertheless has its use in the treatment of spinal paralysis when applied to muscles which show a tendency to atrophy, by improving their nutrition, and keeping them in the most favorable condition for obeying the weakened impulse sent to them by the will. In these cases much advantage may be derived from applying the faradic current to the perinæum, thus assisting to keep up the tonicity of the sphincter ani, and the muscles of the urethra, and so restraining that most dangerous complication, the involuntary, and continual dripping of the urine.

In infantile paralysis, and the similar condition in the adult (poliomyelitis,) I know of no other treatment but the electric, that holds out any hope of cure, or at least of reducing the amount of paralysis to a minimum. A grave error in the treatment of these

cases by electricity is but too frequently made, viz; the confining the treatment exclusively to the use of the faradic current applied to the paralyzed muscles. Now, as the seat of this affection may be confidently placed in the grey matter of the anterior horns, it is obvious that the rational employment of electricity will consist in its application to the spinal cord, that is galvanization of the spine, in connection with the use of faradic and galvanic electricity to the nerves and muscles. As in this affection the motor nerves and the muscles soon undergo such degenerative changes, that they become unexcitable by the faradic current, while the muscles themselves still respond to direct galvanic stimulation, (the degenerative reaction,) the galvanic current should be the one chosen also for application to the paralyzed parts. If galvanism cannot however be obtained, I certainly would recommend the use of the faradic current as a means of helping the circulation and nutrition of tissues. We may also reasonably ascribe to it an effect, through reflex influences, upon the central organs of the nervous system, though greatly inferior to that produced by galvanism.

In peripheral paralyses, whether of traumatic origin, or the result of acute disease, or the so called rheumatic paralysis, the use of Electricity is almost the only, certainly the most important means we possess for assisting the process of regeneration, in the degenerated nerves and muscles. In the "lighter," and "middle forms," when some response is made by the muscles to the faradic current, it is probably alone sufficient for the treatment, but in the grave form when only the degenerative reaction remains, or where all electric excitability is lost, it is imperative on us to employ the galvanic current, and to employ it with care, and great patience. I say with great patience, for here if any where in the treatment of diseases, both practitioner and patient are apt to be discouraged by the long delay, and slow progress of improvement, I have had a case of this kind, (a facial paralysis) under electric treatment that after more than a month of total absence of all electric excitability, first showed the faintest trace of the "degenerative reaction," which gradually increased, and to which finally, and after long continued treatment, succeeded voluntary movements, going on to almost complete recovery, only a stiffness of the lips remaining, for which he is still being treated. While giving the preference to galvanism in the treatment of the severer cases of peripheral paralysis, I would not be understood, as advising against the use of the faradic current in such cases, when it happens that it is the only kind of elec-

tricity that can be obtained. From the observations of Duchenne, and others we must concede that its use is advantageous, although it may be unable to excite the muscles to contract, even after the power of the will over them has been reacquired, a condition very frequently seen.

In Lead Palsy it has been recently so nearly demonstrated that the poison primarily affects the spinal cord, that we cannot doubt the propriety of combining with the local electrization of the affected muscles, (in which we encounter the same "degenerative reaction," which we see in infantile paralysis) galvanization of the spine. The benefit resulting from this treatment has been proven.

In Tabes Dorsalis, Locomotor ataxy, a diseased condition which we know to have its seat, in part at least, in the posterior columns of the cord, the galvanic current has been applied to the spine with great benefit, and as has been said by Erb, it has brightened the gloomy prognosis in this affection. And here it may be remarked, that one cause of this gloomy prognosis may be found in the fact that generally cases of Tabes dorsalis are not subjected to treatment until they begin to exhibit the ataxic movements, the train of symptoms which have long preceded, having been over-looked, or misinterpreted. Indeed it is by the early diagnosis, and prompt application of remedies that we may hope for more success in combatting many diseases, especially of the nervous system, now the opprobria of medicine.

Progressive muscular atrophy, which we may, I think, pretty certainly class amongst the diseases of the spinal cord, must be treated by galvanization of the spine, in conjunction with faradization of the affected muscles and the groups of muscles adjoining. Here if a cure is denied to our efforts, we may look for a retardation of the morbid process, almost an arrest of it. In this disease the application of one of the electrodes of a galvanic battery along the course of the sympathetic, the so-called "galvanization of the sympathetic," has been particularly recommended. Whatever the effects obtained by this manner of applying electricity may be (and much is claimed for it) it would seem decided by recent investigations, that they do not result from action on the sympathetic nerve, but from the influence exerted on the pneumogastric, and spinal nerves, all of which are subjected to the electric current. There appears to be little doubt however that the electrization of the neck, as it had better be designated, exerts a decided influence on the circulation in the brain. How far the power of the galvanic current to affect the brain directly and through the vasomotor nerves to alter the circulation, will prove beneficial in the treat-

ment of the insane, remains for the future to unfold, but it assuredly appears to open a fertile field for cultivation.

In Bulbar Paralysis by placing the two electrodes of the galvanic battery upon the mastoid processes, we have the seat of the lesion directly subjected to the influence of the current. Erb claims that in certain forms of this disease this treatment has, in his experience, produced decided improvement. We certainly possess no other remedy which gives us the faintest hope of amelioration.

Electricity as we might have expected a priori, is one of our very best means of treating the Vasomotor Neuroses. In Exopthalmic Goitre, Basedow's disease, galvanization of the neck, ("galvanization of the sympathetic") I have found markedly beneficial in retarding the advance of the exopthalmos, and the growth of the goitre, but especially useful in alleviating the distressing symptoms of general nervous excitability, palpitation of the heart, headache, throbbing, noises in the ears &c. Careful observation, and more extensive employment of electricity in other vasomotor diseases, for instance migraine, is much wanted to settle with some definiteness the amount of benefit to be derived from its use, and the best modes of applying it in different cases. The same may be said with regard to the general neuroses, such as Chorea, Epilepsy, Hysteria, Spinal irritation &c., in each of which competent observers have recorded instances of the beneficial results of electrization, general and local. In the first named disease, Chorea, my experience of the use of galvanism to the spine is very encouraging. The cases which seem generally to be most benefitted are those which present one or more tender points along the spine.

In muscular spasms, as Facial spasm, Writer's cramp &c., although cases occur of amelioration from the use of electricity, it must be admitted that it is neither so frequent, nor so decided as in the other forms of disease that have been spoken of. Nevertheless instances of improvement are sufficiently numerous to make it a point of duty for the practitioner to give electricity a fair trial in cases where experience shows us that nothing else holds out a hope for our patient.

In treating neuroses of the nerves of sensation the use of Electricity is almost indispensable. In all of the protean forms of neuralgia, visceral and cutaneous, next to the narcotics our best hope for relief from present suffering is in Electricity, and for curative effects there is no remedy which can be so generally relied upon. And here of the two currents galvanism occupies by very far the most important position, both as regards the power to relieve pain and the accomplishment of

permanent good. The mode in which it brings about its beneficial results is at present a matter of speculation, though it would appear probable, that it does so in the greatest measure by its electrolitic, and catalitic power. As neuralgias may be caused either by local morbid processes in the nerve trunks, or the surrounding tissues, or on the other hand by central disturbance. and disease, as in affections of the brain, and spinal cord, it is plain that it should not always be applied alone to the points where the pain is felt, but that it should be made to act upon the nervous centres also, when we believe that in them we have the cause of the neuralgia. Thus for example, in the neuralgic pains of locomotor ataxy we must combine galvanization of the spine, with galvanism to the painful regions, which may be conveniently accomplished by placing one electrode upon the back, while the other is passed over the part affected by the neuralgia. Galvanism will be found to give the best results in recent idiopathic neuralgias, rheumatic neuralgias, and such as are caused by, or complicated with neuritis But even when the affection is of an old date, or from central disease, or from a palpable organic cause, (as pressure on the nerve) the relief obtained is generally considerable, although we cannot from the nature of the case effect a cure. The general rule for the mode of application, is to place the positive pole, the anode, well wetted, upon the painful point, (the negative pole, the kathode being placed indifferently) and allow it to remain for several minutes. In some cases however the negative pole placed on the painful spot gives a better result. It should always be remembered that the sitting should not be too long (5 to 10 minutes), nor too frequent, usually at most once a day. The "galvanization of the sympathetic" has been highly recommended by some in neuralgias, especially in those about the head and face. Here the effects must be produced through reflex action, probably upon the circulation of the nerve centres.

The good effect obtained in some cases of cutaneous neuralgia by the use of the Faradic current depends it is supposed upon the counter-irritation of the skin it produces, and for this reason it is best to apply it at some distance from the affected nerve. Occasionally however its direct application is followed by relief, which may be accounted for by its action having exhausted the excitability of the nerve. Neuritis contra-indicates the use of the Faradic current. In hysterical neuralgias it is sometimes very potent for good. It is in the treatment of cutaneous anesthæsias that we obtain some of the best results from the use of the Faradic current, especially when they are caused by a

morbid condition of the terminations of the nerves. Here the current must be applied to the dry skin, in strength commensurate with the anesthæsia, by means of some such appliance as the metallic brush, or the dry carbon electrode. If the anesthæsia is of central origin, the treatment of it will of course require galvanism to the diseased centre, in conjunction with the faradic, or galvanic current to the anesthæsic region.

I have touched on the principal uses of Electricity in medicine, without having included in the outlines many diseased conditions in which its use has proved beneficial, or in which analogies would lead us to hope for advantage from its employment, such as anesthæsias, and hyperesthæsias of the organs of special sense, rheumatic affections of joints, morbid states of the stomach, spleen, generative organs, male, and female, skin diseases, etc., etc.

In conclusion, I repeat that the future of Electro-therapeutics is in the hands of the great body of intelligent medical practitioners whose duty it is to rescue it from the quack, and the fanatic, to uphold it against unreasoning prejudice, and to press it forward against the opposed vis-inertia of ignorant indifference.

REPORTS OF CASES.

A CASE OF NORMAL LABOR IN WHICH THE CHILD'S HEAD IS PREVENTED FROM PASSING BY A RING PESSARY.

BY MILLARD L. MITCHELL, M. D., BALTIMORE.

The following case, occurring in my practice lately, will probably be of interest to the profession at large and more especially the younger members. The case is interesting as showing one of the many dangers that may ensue on leaving a pessary in the vagina for any length of time unnoticed. I think it is also an additional warning to physicians, and more especially gynæcologists, to always *inform* their patients whenever it is found neccessary to introduce a pessary.

On the 26th of March 1877, about 9 P. M., I was called to see Mrs. B., æt. 28, found her in labor with her third child, pulse feeble, is greatly prostrated, bladder distended, desires to pass water but cannot.

Labor commenced at 3 A. M. of the following day at which time the waters were evacuated the pains have been regular but of a *lancinating character*, the midwife reports no progress since 10 A. M. at which time she felt something like the child's mouth, but in her own words "it was a very big one." I drew off, by means of the catheter, with some slight trouble, a large basin of urine; administered a simple tonic, and on making a digital examination discovered a hoop like substance resting transversely in the vagina, was rather puzzled for awhile but it occurred to me that the cause of the trouble might be a pessary, and on asking her whether she had ever had one placed there, she replied no,—but, by cross questioning her, I found that immediately after a miscarriage which she had nearly a year ago, she applied to one of our well known gynæcologists for relief from an excruciating pain in the side. She also stated he made an examination and requested her to call the next day, (requiring her to use in the meantime a vaginal injection of warm water,) but she did not, having found great relief and not thinking it neccessary. *She was unaware of a pessary being placed for her relief.* She experienced no discomfort whatever, up to the time of her labor.

Immediately after the succeding pain, on making the examination, I distinctly felt the child's head receding from the circle formed by the pessary. The cause of the protracted and painful labor was evident, the pessary fixed rigidly by the contractions of the vagina, and its own elasticity acted as a bar to the passage of the child's head. Necessarily, delivery could not take place, or if so, with probably hazardous results to the mother. My duty was evident, the ring was turned and delivered, (a common Meig's ring pessary,) with but little difficulty, and in a half hour afterwards a healthy boy was delivered; no trouble afterwards, all the parts remaining intact.

The pessary was undoubtedly an assistant to conception and yet at a later period a very dangerous adjunct and not only dangerous at this later period, but throughout the whole period of pregnancy, as the number of cases where pessaries remaining for such a length of time and even for a shorter period unnoticed ulcerating, and migrating into the rectum or bladder are not infrequent, this happily did not occur in my case. It nevertheless was clearly the duty of the physician who inserted the pessary, *to have informed his patient*, and to have warned her of the evil consequences that might ensue, if she did not return, or to have given her suitable instructions, if he had intended it to remain any length of time, *but in any case to have informed her*

the pessary was there, before allowing her to go away. Prof. Thomas, in his late work on Gynæcology, gives some remarks on the danger of leaving a pessary unnoticed, and for any length of time, in the vagina. He says:

"Pessaries should be carefully watched, for they sometimes create cellulitis, peritonitis and vesico-recto, and vaginal fistulæ."—*Vide Thomas, page* 388.

Again: "While a pessary is kept in the vagina, cleanliness should be secured by daily vaginal injections, and not exceeding *two* months, removed, cleansed, and reintroduced.—*Vide Thomas, page* 388.

REPORTS OF SOCIETIES.

BALTIMORE MEDICAL ASSOCIATION.

(Reported for the Maryland Medical Journal.)

Society met on the evening of March 11th., with a large number of members present. After the usual routine of business the appointed subject for the evening was called.

Dr. P. C. Williams was to have read a paper on "Scarlet Fever," but stated that sufficient time had not been given to do justice to the subject; under the circumstances the doctor said that he would claim the attention of the Association for only a brief period during which he would relate an interesting case of Scarlet Fever.

The patient was a young girl, aged 4, of previous good health. On Monday morning rose at usual hour, the rain and unpleasant condition of the weather caused the mother to send for a carriage to take the girl to school; before the carriage arrived she was taken with violent headache and vomiting; the mother sent for Dr. Williams, who responded to the call at once, found the patient in the condition described previously, immediately suspected scarlet fever, prescribed for the patient and left word that he would call in a few hours.

Tuesday, saw the case again, proceeding as well as possible, the vomiting persisting, and towards night the eruption vanished. Used wet blankets, hot whiskey punches, prussic acid, and cupping on the spine.

Wednesday, patient comfortable, at night between 10 and 11 o'clock, a stripe of a purple color, made its appearance. Should have stated that he had called Prof Christopher Johnston in consultation in the morning, and when this stripe made its appearance sent for him again; they noticed a white streak on the face also, the heart beat very feeble, gave stimulants without effect, resorted to the hypodermic use of whiskey, the patient got quite comfortable. In the meantime a most offensive discharge made its appearance from the nostrils, fauces, &c., which increased towards morning.

Thursday morning, met Prof. Johnston who gave up the case as hopeless and ceased his visits. Determined to do whatever was possible to relieve the little sufferer, prescribed Salicylic Acid 10 grs. every 3 hours, mixed in a solution of Liquor Ammoniæ Acetatis. In 3 hours saw the patient and found the fetor much less, in 6 hours discharge ceased, remained all night with the case.

Friday sent for Prof. Johnston, who was much gratified at the change in the patient, who has progressed favorably since that time.

Dr. Williams, in remarking on the case, thought that the patient went through three critical periods :—

1. In disappearance of the eruption relieved by baths, cups &c.

2. Debility, and excessive prostration combatted by hypodermic injection of whiskey.

3. The suppuration and fetid discharge from nostrils and fauces, relieved by the use of salicylic acid, which Dr. Williams has used for the first time in this class of cases, and on that account could not claim it as a specific in this disease.

Dr. Gilman, expressed himself gratified at the relation of the case by Dr. Williams, and he heartily indorsed the use of salicylic acid in scarlet fever and diptheria.

Dr. J. R. Uhler said that he thought that he was the first physician who had used the hypodermic injection of whiskey in Baltimore, it occurred at the Alms House in 1866. He had used it with wonderful results. He also thought that some of the beneficial results following Dr. Williams' treatment resulted from the Liquor Ammoniæ Acetatis.

Dr. Jos. T. Smith asked Dr. Williams how the salicylic acid acted.

Dr. Williams thought that it acted directly on the fauces and inflamed surfaces and also on the blood, as it caused a very rapid disappearance of the peculiar mahogany color of the skin. Dr. Williams also expressed himself in favor of frequent and long visits to ill patients, and in many cases remaining all night, giving the medicine personally,

and said he certainly could refer to cases where his personal attention had saved the life of the patient.

On motion the subject was dropped and the Executive Committee reported that Dr. Quinan would lead at the next meeting, and Dr. I. E. Gibbons at the first meeting in April. On motion, Society adjourned.

WM. A. B. SELLMAN, M. D.,
REPORTING SECRETARY.

MEETINGS OF THE CLINICAL SOCIETY.

(Reported for the Maryland Medical Journal)

Regular meetings of the Clinical Society have been held the last month with full attendance of members who have manifested an unusual degree of interest in the proceedings.

Dr. Michael showed specimens of ankylosis of the knee and hip, from subjects brought to the dissecting room. The specimens were prepared by dividing them with a fine saw, thus beautifully showing complete ossification of the joints.

Dr. Theobald showed two foreign bodies removed from the external auditory meatus of children about 6 years old. One was a black eyed red bean, the other a coffee grain. Attempts to remove them with syringes and forceps had resulted in pushing them still further in. Dr. T. deprecated the use of forceps in such cases, but recommended a probe bent at a proper angle. By gently pushing the bean from behind it could be rolled over and over 'till taken out. An anæsthetic must be given to insure success. Dr. T. also related a case of glioma of the retina in a boy 6 years old, which was not apparent on superficial inspection, but was disclosed by the ophthalmoscope. The point of interest was the age of patient.

Dr. Tiffany called attention to the use of wire gauze introduced by him to lighten and strengthen the plaster of Paris splints. Common wire gauze such as is used for fly nets is cut into slips and placed up and down the limb on three sides. The plaster fills the meshes of the gauze and forms a hard compact mass much lighter than the common splint and of greater strength. It had been used with great success. If the gauze be not at hand a layer of iron filings dusted over the plaster before it dries, and hardens it and does not necessitate the use of so great a quantity.

Dr. Tiffany also related two cases of popliteal aneurism treated by pressure.

The first case a patient æt. 35, who five years ago had a chancre, and went through the various stages of syphilis. On the 19th September 1876, noticed swelling in his left ham with pain.

Was found to be two inches larger than right, and on the 11th, it was possible to make a diagnosis of popliteal aneurism. Two horse shoe tourniquets were applied alternately, a sea-saw motion being kept up between them as pain in the one or the other became too great. By Christmas there was great improvement. Then the tumor became larger, and flexion was made of the knee. Between the 10th and 18th February great improvement took place, and on the 22nd no pulsation could be felt while the tumor hardened.

Veratrum viride and morphia were used in sufficient quantities to lessen the pulse and pain. The aneurism was entirely cured. A noticeable point was the enlargement of all the arteries about the knee-joint, collateral circulation being thus set up which confirmed the cure.

The 2nd case was that of a very old negro who complianed of pain in his right ham. Examination showed enlargement, pulsation and aneurismal bruit. Forcible flexion was kept up 13 hours. The patient was so aged as evidently to be dying of old age, so the prognosis was unfavorable. The tumor disappeared considerably before death which occurred 3 or 4 weeks afterwards. Post mortem showed a double aneurism the upper one being entirely filled with a clot which thoroughly occluded that part of the artery, while the lower one had been ruptured and contained a clot also.

Dr. T. R. Brown related a case of popliteal aneurism treated by flexion for 18 days without success. Then digital pressure and tourniquets were tried. Under this treatment the symptoms subsided and the patient was doing well, till sudddenly after a week the knee swelled patient became delirious, and ten days after died of phlebitis.

Dr. B. also showed a specimen of malignant disease of the cheek, from a patient who was 90 years old when it first appeared. The age of patient was the point of interest, also specimens of atheromatous arteries, also two dorsal vertebræ, from the spinal column of Captain Conway, in which were imbedded a minnie ball. The Captain was shot while dredging for oysters. When admitted into the hospital, his pulse was 120, temp., 101, and he was overcome by continuous rigors. He could not move his feet, but there appeared to be hyperæsthesia of the skin. Urine retained. Post mortem showed hypostatic congestion

of lungs, innumerable abscesses of integument, and also large abscess of liver and cystitis the spleen containing pus. Patient died of pyæmia. The bullet penetrated the spinal column, on the right side between the 11th and 12th dorsal vertebræ, and the point protruded into the spinal canal injuring the cord.

Dr: Tiffany related a similar case of a sailor falling twenty four feet over a railing of a vessel on his back. The man died of pyæmia with symptoms same as in the previous case. P. M. showed no injury to the spinal column, but diffluence of the cord opposite the point struck.

Dr. Michael related a case of a soldier in the late war who was struck by a ball in the sacrum and is still living. There is paralysis of lower limbs retention of urine and recurrence of bed-sores as soon as any pressure is allowed.

Dr. Tiffany, at a later meeting in March, exhibited: 1st, Malignant disease of testicles which appeared eleven months before operation, increased to a large size, pushing aside the penis and other testicle. Another physician had tapped it twice for hydrocele. It was a small-cell sarcoma. 2nd. Caries of Ilium. There had been a small opening over the left buttock for four years. It was a question whether disease started below in the acetabulum or above and worked its way downwards. 3rd. Fracture with non-union of Scaphoid bone. Patient had died of disease, a fracture of lower arm being made out before death. Upon examination no sign of a fracture was found excepting the Scaphoid bone which was in three pieces. Fourteen years before the patient had fallen forward on his wrist and hand causing the fracture. False joints had been formed between the three pieces and the surfaces rubbed as smooth as polished ivory. 4th. Epithelioma Capitis which appeared three years before death, and increased rapidly, covering the greater part of one side of the scalp. There was no glandular enlargement elsewhere.

Dr. Coskery, a case of gangrene following burn, with occlusion of axillary artery by thrombus.

Dr. Hill a case of Typhloënteritis with perforation of vermiform appendix. Patient a German ate a large quantity of dried apples and cheese, after which was taken down with pain and cramps getting continually worse. Diagnosis made of foreign matter in appendix. P. M. showed appendix perforated and enlarged, and large abscess containing quart of pus extending as far up as diaphragm.

Dr. Atkinson a case of papillary Epithelioma occurring on thumb which he had removed with a curette. The result was astonishing,

the wound healed so quickly. The ease and delicacy with which the diseased parts were scraped away with the curette made this instrument a valuable one in all such cases.

Dr. Rohé had used the curette with the same success and extolled the results. Dr. R. also asked the society if any of the members had seen cases of leprosy in Baltimore. The disease is on the increase in the north-west and among the Chinese in California and is generally more common than it is usually thought to be. If it be contagious it becomes an important subject and he would thank any physician who would report cases to him.

Papers were read on "Ozena" by Dr. Hartman, and on "Latent" Vaginitis, by Dr. B. B. Browne.

R. B. Morison, M. D.

SELECTIONS.

APPLICATION OF CHEMISTRY IN MEDICO-LEGAL SCIENCE.

REPORTED TO THE MEDICAL SOCIETY OF VIRGINIA, 1877, BY M. G. ELLZEY, M. D. BLACKSBURG, VA.

Mr. President and Gentlemen:

If confined the most recent developments in chemical science, I should dwell upon the synthesis of organic compounds. Accurate study of the structure of molecules has developed rapid advances and brilliant results in this direction. Sanguine and enthusiastic extremists of a certain school have imagined that the day is at hand when, with materials of purely mineral origin, we may build up organisms capable of life—when men may stand forth in triumph disputing with God the title of creator. I am not a disciple of that school, nor shall I here indulge myself with these speculations, for I realize that I address an audience of the most practcal of men. I invite your attention to a practical subject—*The Application of Chemistry in Medico-Legal Science*—both in criminal jurisprudence and in laws regulating measures for the preservation of the public health.

Notwithstanding that much discredit was thrown upon this science, so intimately connected with the greatest and least affairs of common life, in connection with certain great criminal causes recently tried, and the abatement or failure to abate certain great public nuisances, yet, if you strike out chemistry from medico-legal science, it will appear that the science itself has been annihilated. *Have* we made, and are we making satisfactory progress in the solution of these great problems which so vitally concern the highest interest of modern society? The difficulty lies, not in lack of progress in scientific methods of dealing with such questions, but in the fact that all knowledge of the whole subject of medico-legal science is confined to a few so-called *experts*, many of whom are narrow specialists who command only with obscure vision a limited corner of this great and wide field. The general public—nay, even the general body of the learned professions of law and medicine, are totally lacking in capacity to judge of the merits of the questions raised in the simplest cases. According to their prejudices they array themselves for or against, and the rancor and violence of their criticism increase as the square of the *density* of their ignorance. *I myself*, *Sir*, have suffered the imputation of incompetency, and even of perjury, upon the witness-stand in a case involving life and death, because I testified that I had found arsenic in subnitrate of bismuth. And it was said it could not be there *because* the article was manufactured by Rosengarten & Son, of Philadelphia. I was threatened through the public prints, that my incompetency, or, worse, my perjury would be exposed, for samples of the bismuth had been submitted to the most distinguished chemists for analysis, and the result should be given to the public. Since then they have been dumb as oysters, for every chemist of character who examined the medicine found the arsenic in it. *Every* tyro in chemistry knows that when the question is submitted, does a sample of bismuth contain arsenic? that Marsh's test is capable of answering that question with a degree of simplicity and precision, approached by no other method known. In every case of this sort, are these absurdities to be repeated to the end of time, or shall the professions of law and medicine be instructed in the rudiments of medico-legal science?

Turn, for a moment, to the other great branch of the subject. Look at the operation, or rather the inoperativeness, of sanitary laws. Has any modern legislative body manifested the capacity to deal rationally with laws regulating the abatement of nuisances, quarantine and inspection? Has any governing council of any great city of

America possessed the capacity to regulate the removal of human excrements without doing violence to public decency and endangering the public health? There is no room to doubt that in most of our older and larger cities many lives are annually lost by poisons, contagions, and miasms emanating from soils reeking with excrement, and from sewage contamination of drinking water. But, let us not disguise and veil the truth by polite terms; let us distinctly recognize what we mean by this disgusting and alarming fact. We mean that the water those people have to drink is mingled with appreciable and dangerous quantities of human dung and human urine; and the demand is that the chemist shall furnish a remedy for this state of affairs. Is any man willing to drink the drippings from a water-closet, no matter what the chemist has done to it? Is it demanded of the chemist that he shall purify the earth composing the foundations of a great city which is reeking with human filth? Sir, let the engineer practice a little decency himself, and keep the filth out of the earth, the air and the water. Let him cease to poison life at its fountains, and then place the onus of remedying the mischief upon the chemist.

These evils are inseparable from the water-closet system for which modern chemistry offers a successful substitute. Why has it not been accepted? The fact is, that the utility of the teachings of medico-legal science have not been successfully impressed upon the public mind. Modern chemistry in its applications of practical life has shown that pulverized charcoal may be substituted for water in the closets with economy and complete success. I would call the attention of our neighboring city of Baltimore to this fact, for I sympathise with them in their difficulty with that foul and terrible nuisance, the *Harbor*—that stagnant sea of corruption, seething with the fœtid accumulations from an hundred thousand necessaries and cesspools—lying, as it were, in front of the main entrance to the great city, though under the optics and the olfactories of all who go out and all who come in. So concentrated in the escaping sulphurated hydrogen that every particle of white about every vessel that anchors in that harbor in the warm months of the year is blackened within a few hours, while the stench is awful and well nigh insufferable. It would be farcical if it were not so sad to hear the leading men of the community asking blandly of the chemist: "Can't you tell us (you could if you were good for anything,) how to get rid of that smell?" And to see them going down some sultry afternoon in July, when the odors were dankest, and pouring what they called "dead oil" over the surface of that horrible

tarn to destroy that smell, was, perhaps, the most solemnly ridiculous scene that was ever witnessed in America. *Think* of the demands of ignorance upon the chemist! To mix up in a stagnant pool thousands of millions of gallons of such filth, and then ask the chemist to furnish a cheap way to convert it into something sweet! But, says the city father, it is no great matter after all, to be sure; a little unpleasant in hot weather, yet we have one of the healthiest cities on the continent. An idiot playing with lucifer matches on a barrel of nitro-glycerin would probably reply, if warned of his peril, nitro-glycerin never blew him up. I tell those people that they owe it to God's Providence only that their city has not been desolated by some dire epidemic originating in the foulness of that Harbor; and if it be not remedied, as inevitably as death, it will visit them yet.

But, it will be said, what are they to do? Does your boasted science of chemistry furnish the answer? Common sense furnishes the first answer to the question. That answer the fool who runs may read: *Keep the filth out of the Harbor.* Well, how shall we dispose of it? Use charcoal in the closets; remove the product to iron retorts and distill. An increased quantity of charcoal will remain in the retorts, with the phosphates; among other products, illuminating gas and ammonia pass over, the phosphates remaining with the charcoal in the retorts. When the charcoal has been used in the closets the third time, it has become so rich in phosphates as to sell for a high price to farmers; the ammonia may be condensed in passing through an acid phosphate, and furnishes a valuable fertilizer. In Glasgow, we are informed, a joint stock company delivers the charcoal to the houses and removes the product from the closets and makes money out of the transaction; whereas, there is nothing in any way disagreeable, from the closets to the finished product. It is notable that organic matters decomposing in contact with charcoal furnish no stinking products, not because the charcoal absorbs them to be given off under changed circumstances with their unpleasant and dangerous properties unimpaired, but because the whole course of decomposition is altered and the noxious substances are not produced. Here is a cheap way of converting these very troublesome things into perfectly inodorous, harmless and salable compounds. Why don't the public avail themselves of it? The blame cannot be thrown upon the chemist.

What, then, after all, is the remedy? We must begin at the beginning. *Education* is the remedy, and the only remedy. If a tithe of the money spent in brick and mortar, (for extravagance in

building is the most absurd and useless extravagance of a vain-glorious and wasteful age)—if a tithe of the money spent for apparatus, beautiful, delicate, wonderful, but too costly for use, had been reserved for the employment of brains in developing and carrying forward and impressing upon the mind by effectual teaching this great subject, it would have been well for us all. It cannot be left to be merely glanced at in an ineffectual way by teachers of other branches in our colleges and universities, but must have its own chair fully endowed and equipped and placed in the very front rank in popular estimation, to which end it must be filled by an able and earnest teacher giving to the work his whole time and all his talents.

It might have been supposed that Johns Hopkins University—an institution so richly endowed and officered by such distinguished gentlemen—would have done justice to medico-legal science, and surrounded its chair with every facility, and given to its work the highest dignity. But they do not appear to have been aware of the importance of the subject. Johns Hopkins University has lost a great opportunity; she might have immortalized herself in the first year of her existence by dealing successfully with Jones' Falls and the Harbor Nuisance.

I would hope, if I did not know better than to hope, that our own great University would take the lead in this subject. Alas! I know that she lacks the means. I would hope, if I did not know better than to hope, that the professions of law and medicine themselves, more nearly interested than any class of the community, would endow the chair. I know that they, too, would if they could. I would hope that the State would endow the chair, but that under present circumstances I think she has no right to endow anything not vitally and absolutely necessary to the performance of her most essential functions. *I have one hope*, that some philanthropic capitalist, contemplating endowments of educational institutions, may have his attention directed to the supreme importance of medico-legal science to the highest interests of humanity, and may give his donations that direction—hoping also that Virginia's great school, in which we all take just pride, might be the recipient of the benefit and be enabled to take the lead. It is not too much to hope that public opinion may compel the more effectual teaching of this science in all places where the law and medicine were taught. But, for the great chair which is to take the lead in developing and carrying forward this subject, and impressing

it upon the public mind, the University is the only natural and proper home.

Mr. President and gentlemen, if I may appear to have wandered too far from my subject, I crave your indulgence; but I cannot think there is any direction in which chemistry can make more important practical advances than in that which in my poor way I have endeavored to point out. If I can rescue a few thousands about to be invested in brick and mortar, and a few thousands about to be expended in curious and beautiful apparatus, but as I have remarked, too costly for use, and a few thousands destined for the purchase of busts and mummies and huge ill-assorted piles of antediluvian bones, to constitute a confused and broken record without an interpreter, from which some poor fool may one day draw forth the proof that there is no God; and if I can succeed in recovering the investment of all these moneys in brains for the development of the great subject for which I am arguing, I know that I shall be a great public benefactor. I would fain hope that it might be so; and I leave the subject, Mr. President and gentlemen, with you.

ABSTRACTS AND EXTRACTS

THE SYSTEM OF MEDICAL EDUCATION TO BE PURSUED IN THE JOHNS HOPKINS UNIVERSITY.—Dr. John S. Billings, of the Surgeon-General's office, lecturing recently on the system of medical education to be pursued in the Johns Hopkins University, said that whenever the science of education shall be complete it will be based upon an intimate knowledge of the complex nervous system. Some of the very best practitioners have been unable to use their mental faculties to advantage; the study of mathematics and physical science should of necessity precede that of medicine. The history of medicine shows that many skilful men were incapable of appreciating evidence. This knowledge will depend largely on a knowledge of the right use of words. Herein lies the value of the study of the languages. Logic and all other studies are requisite for the man who will teach as well as practice. The diploma of another school should not be considered equal to the baccalaureate of the University. If that cannot or will not be had, then let the student undergo an examination, but under no circumstances should the degree of M. D. be given without the

baccalaureate as a basis. Students, like electricity, take the shortest paths. It would be understood that no one could pass without matriculation. He must study chemistry, physics and the rest for three years. He should, for instance, master the general principles of biology, and other Sciences, with which every well educated young man should be familiar. One-half of his time should be spent in the laboratory. In very rare cases it may be best to put a student at once where he can see the practical operation of the sciences of medicine. Some may be taught to swim by being tossed into deep water, but the most will be drowned. In general it will be best to begin with theoretic principles. In ancient times, doctors held their authority by ceremony or tradition, and then followed the system of apprentices, the time of servitude being seven years. Then came lectures, which were followed by the tutorial system, which has drifted into a mixed method of lecturing and tutoring. This will probably be the plan in the Johns Hopkins, and the best of each will be taken. Really good lectures are of great use to students, and, indeed, of great use to the lecturer himself, for he never is really sure what he knows until he tries to teach it. It is earnestly recommended that a course of comparative medicine be a part of the second year's studies, in which the study of the diseases of animals shall be a feature. The great thing to be studied now is not so much pathological results as pathological processes. In the study of animal fluids there is the widest room of information and discovery.

A Case of Gestation After Amputation of the Cervix Uteri.—On the 17th of June, 1876, I was consulted by Mrs.——(age about 39 years; married; mother of several children) for disease of the uterus. On making an examination I found a tumor about the size of a hen's egg protruding between the labia. On further examination the tumor proved to be a hypertrophied cervix, the whole womb measuring over five inches in length. The patient had borne no children for about eight years. Congestion and irritation of the parts were reduced by local treatment, and, in consultation with Drs. Ridge and Goodell, on the 30th of June, an operation was determined upon. On the 30th of August Drs. Ridge, West and myself proceeded to operate. Ether was administered; a double ligature was then passed through the cervix, one-fourth of an inch below vaginal insertion, and tied loosely both ways so as to enable us to control hemorrhage. The

wire loop of the écraseur was adjusted about one-fourth of an inch below the ligature, and the hypertrophied cervix removed. The ligature proved very satisfactory in arresting hemorrhage. The piece of cervix removed was fully one and a half inches in length.

No untoward symptoms occurred; the patient was going about the house in three weeks' time, and health, which had so long deserted her, returned.

On the 26th of January, 1877, she ceased to menstruate. On the 25th of March I found a polypus about half an inch long protruding from the os uteri. This I twisted off with the polypus forceps. The uterus was gravid, and gestation continued. The patient became plethoric, and was bled by me in May, and by Dr. Ridge in August. Nothing further of interest occurred until the patient fell in labor, on the 3rd of October. Dr. Ridge was in attendance. The os was somewhat rigid, but dilated in about eight hours, and a fine male child, over the average size, was born. The mother is perfectly healthy.—*Dr. Benjamin in Phila. Med. Times Feb.* 16th.

Malformations of the Hymen in Relation to Legal Medicine.—Under this title Dr. Delens has published and commented upon three observations taken from his medico-legal practice. In the first, a girl, aged 15½ years, who had been outraged several years before, presented vulvitis and vaginitis, without obliteration, however, of the characteristic fringe. But the doctor remarked very justly that this integrity of the hymen, despite the outrage declared by the girl, and confirmed by the existence of the above-mentioned lesions, naturally explained itself by the conformation of the membrane, which was at least a millimeter in thickness and perforated by an opening of only a millimeter in diameter, possessing, indeed, the resistance of an imperforate hymen. Here then is a case where the expert cannot make use of the rules which ordinarily guide him and conclude from the absence of rupture that repeated violence had not been committed. The two other cases are very rare examples of double opening. In one of these the apertures have a diameter of only 2 millimeters; in the other they are 7 to 8 by 3 to 4 millimeters. Dr. Delens concludes very properly that in cases of this kind the firm band which separates the two orifices is an obstacle to defloration in proportion as the apertures are smaller. In consequence of this the expert should take this circumstance particularly into account in arranging his conclusions.—*La France Med.*, Feb. 9, 1878.

Treatment of Epilepsy.—Dr. Schultz records, in the *Berliner klinische Wochenschrift*, the case of a young man, eighteen years of age, the subject of epileptic attack, which always came on at a certain hour in the day. It mattered not what he might at that time be doing, the attack never failed. It was always preceded by an aura which lasted five or six minutes, and was followed by a sleep of several hour's duration. Quinine in large and small doses bromide of potassium, strychnine, belladonna, nitrate of silver, morphia, chloral, etc., were all administered without result; the attacks continued to recur at the fixed hour, and even occurred during sleep induced by chloral. Coming at this time under Schultz's care, he determined to test Nothnagel's treatment, and administered a teaspoonful of ordinary salt during the aura. This did not at first prevent the attack, but when on the following day a heaping tablespoonful of salt was given at the very beginning of the aura, no attack took place. For one week the dose was administered at the usual time, although no aura was perceived. At the date of Schultz's report (seven weeks afterward) no attacks had been observed, though previous to the treatment, the patient had had them for one-hundred and thirty-four days in succession.—*St. Petersburger Med. Wochenschrift*, No. 4, 1878.

Symptom Observed in Paralysis Agitans not yet Described by Authors.—M. Debove read a communication before the Medical Society of the Hospitals of Paris, which treated of a symptom noticed in a patient affected with the above mentioned trouble, and which has, so far, not been mentioned by authors. The patient in question complained of not being able to read any longer as usual. M. Debove attributed this condition to trembling of the hand and asked her to rest her book on something, but there was the same result. Then he made her read aloud before him and here is what he noticed: The patient read rapidly, but when she came to the end of a line, she stopped several instants and then commenced the following line and so on from one line to another. If a newspaper was given to her to read, she passed on to the line of the following column to return, when she had finished it, to the next line in the first column. M. Debove asked himself if there might not be here some analogy to that which is observed in the walk of these patients, for instance, propulsion and repulsion, and that he would qualify here (these two terms being improper, applied to the eye, which does not have this motion) as lateral ocular spasm.—*La France Medicale*, Feb. 13, 1878.

EDITORIAL.

At Last!—Can it be true that physicians have some rights which the courts will, and the public are bound to respect? Doctors have so long been the abused of all abusers that in many states they have resigned themselves quietly to the humiliations inflicted on them by pretended courts of justice and the indignities offered them by those who should be their defenders. The acts of courts towards them are matters of public notoriety—the course of the public is very fitly expressed by a secular cotemporary who asks: "Is it not a noticeable fact that the Doctor is the person most loudly called for in sickness, most slavishly obeyed in suffering and most gratefully thanked when the patient is relieved, and yet is the most reluctantly paid?"

We are led to these reflections by the announcement that the Supreme Court of Indiana has decided that a physician can not be compelled to give expert testimony in a case of litigation without being first paid, if he demand it, a fee commensurate with the value of the testimony. This decision was the result of an appeal from the decision of a Court of Common Pleas at Harrison, Indiana, ordering Dr. Dills, who was on the stand as a witness, to reply to a question that involved his knowledge as a physician.

College Commencements.—The annual commencements of the University of Maryland and College of Physicians and Surgeons came off on the 1st and 6th of March, respectively, with the usual degree of èclat. Over one hundred young Doctors were graduated and turned out to seek their fortunes and fame in the fields of professional labor. Many of these young gentlemen it was our good pleasure to know; to them, and their *confreres*, we would extend the hand of welcome and of good cheer and wish them God speed in the profession into which they have entered with so much earnestness and zeal. Some we know have bravely fought for the honors their alma maters have bestowed upon them, and we urge them, upon the threshold of their professional lives, never to relax in energy of purpose, but to push forward to higher attainments and grander results. A profession so extended in its range of culture and so boundless in its resources should create in the young physician an insatiable thirst for knowledge.

We extend to the graduates of 1878 our best wishes for success and honor in the walks of our noble profession.

SUMMER COURSE OF LECTURES.—Under the auspices of the University of Maryland, a Summer Course of Lectures will be inaugurated on the 1st day of April, to continue until the 1st day of July.

In this course daily lectures will be given on the following branches of medicine: Histology and Pathology, Topographical Anatomy, Phisiological Chemistry, Obstetrics, Diseases of the Throat and Chest and Dermatology. This course was organized three summers ago. Lectures on Dermatology and obstetrics have been added to those which previously existed.

The laboratory of the University, under Prof. W. E. A. Aikin has been arranged with a view of giving the student practical instruction in Chemical Analysis. The dissecting rooms, under the management of Dr. J. E. Michael, will be kept open so long as the weather will admit, and special instruction be given in dissections and operative surgery upon the cadaver.

OUR CONTRIBUTORS.—The following distinguished men will contribute to the May and June numbers of the MARYLAND MEDICAL JOURNAL:—Prof. F. N. Otis, M. D., New York; Prof. Thos. Opie, M. D., Baltimore; Prof. Roberts Bartholow, M. D., Cincinnati; Dr. W. C. Dabney, Charlottesville, Va.; Prof. N. S. Davis, M. D., Chicago, and Prof. L. P. Yandell, M. D., Louisville, with many others, in this country and Europe, to be announced hereafter.

We have perfected arrangements for reports of societies and correspondence, from medical centres, and have overlooked no detail in our plans for the conduct of an acceptable medical publication.

THE MEDICO-CHIRURGICAL FACULTY OF MARYLAND will hold its 80th annual session at the Academy of Music in this city, beginning on Tuesday 9th instant.

The deliberations of this session will be governed by the new constitution, recently adopted, one of the provisions of which is that delegate members will hereafter pay $1, instead of $2, as heretofore.

NOW IS THE TIME TO SUBSCRIBE.—With the beginning of Vol. III (and the advantageous changes and improvements to be made,) is a good time for subscriptions to begin and for old ones to be renewed. We invite the support and cooperation of physicians every where and ask our friends to interest themselves and their neighbors in our behalf. The price—always—$3 00 per annum, in advance.

OUR JOURNAL.—With this issue we close Vol. II of the MARYLAND MEDICAL JOURNAL; with Vol. III, the size of the JOURNAL will be increased thirty-two pages, making it nearly double its present proportions. In addition to this increase in size, we will offer to our readers more valuable contributions and selections, which, for want of space, we have hitherto been prevented from publishing. We have secured a number of valuable original papers from distinguished medical writers throughout the country, and have obtained the coöperation of a number of able medical writers in this city. No pains will be spared to make the MARYLAND MEDICAL JOURNAL worthy of the highest position among medical publications.

The JOURNAL was inaugurated twelve months ago under most discouraging circumstances. It was considered a venture in the field of journalism and pronounced in advance a failure. The success of medical publications in this city was held up to us as a warning against the success of this enterprise. With faith in our cause and confidence in the ability and willingness of the medical profession to sustain, by coöperation, our enterprise we embarked with a forty page sheet. The JOURNAL will speak for itself, we have labored to improve each issue and have succeeded, beyond our most sanguine expectations in placing it upon a solid financial basis. We have every encouragement to persevere, and will not stop short until the MARYLAND MEDICAL JOURNAL has secured a high position among scientific publications and is a worthy exponent of the medical profession in this country.

THE PRESBYTERIAN EYE AND EAR CHARITY HOSPITAL.—This young Institution has been a success from the first day of opening, December 3rd, 1877, when the Entrance Book registered 30 patients in the Free Dispensary. The number of daily visitors have steadily increased until they reached 78 in one day. The visits paid by the poor suffering from Eye and Ear diseases during the month of December were 384. For January they increased to 810, and for February to 1092, making, for the first quarter, 2486.

The Hospital wards are very spacious and as comfortable as any in the city. The provision seems sufficient for the wants of the poor suffering from Ear and Eye diseases. It is very gratifying to learn that the financial support is ample, and that Presbyterians are taking the most lively interest in its rapid development and great usefulness, and will make it a permanent charity as stable as the church

of the name it bears. From the known ability of its administrative officer success was to be expected. Its medical staff, consisting at present of Prof. J. J. Chisolm, M. D., Drs. W. J. McDowell and J. A. Hill, will be added to from time to time as the requirements of the Hospital demand.

Medical Teaching.—Baltimore, with its two widely known and popular medical institutions, the College of Physicians and Surgeons, and University of Maryland, affords ample opportunity to the student of medicine to become proficient in his chosen study. With ample hospital and laboratory facilities, which are equaled by few and surpassed by no city in the country, the student can obtain here a thorough and complete medical education which will fit him for practice in any sphere or in any clime.

Appointments to Hospitals.—The Faculty of the College of Physicians and Surgeons have elected Dr. Wm. Gombel resident physician to the City Hospital, with Dr. J. W. Chambers as assistant, for the ensuing year, and Dr. David Streett to their other hospital, the Maternité, on Lombard street.

Appointment.—Dr. Albert Fairfax, a resident of Fairfax, C. H., Va., since the war, in which he served with distinction, has been appointed resident physician at Ore Knob mines, Ashe county, N. C., from forty applicants. The office of the ore company is in Baltimore, where the appointment was made.

The Basin.—We copy from the *Virginia Medical Monthly* a report on "Advances in Chemistry," made to the Virginia State Medical Society, by Dr. M. G. Ellzey. It refers to the "Basin Nuisance" and suggests a remedy, and we refer it to our city fathers.

OBITUARY RECORD.

Resolutions of Respect to Dr. Henry R. Noel.—The following resolutions were adopted at the meeting of the Baltimore Medical and Surgical Society, held on February 14th, 1878, and ordered to be entered on the minutes:

Whereas,—The Medical and Surgical Society of Baltimore feels deep sorrow at the death of Dr. Henry R. Noel, one of its members, and desiring to formally express its appreciation of his exalted moral

character, and of his brilliant professional attainments, therefore, be it

Resolved,—By the Medical and Surgical Society of Baltimore, that we take this method of expressing our deep sorrow at the untimely death of our esteemed fellow-member Dr. Henry Reginald Noel; a lover of wisdom, a faithful physician, an upright man.

Resolved,—That a scroll containing a picture of the deceased, and the names of all the members of the society, be draped in mourning for a period of sixty days as an expression of that sorrow, and as a token of our appreciation of his enthusiastic devotion to medical science; of his talent and zeal in practice, and of his virtues as a man.

Resolved,—That a copy of these proceedings be transmitted to his bereaved family, and that a further copy be furnished the MARYLAND MEDICAL JOURNAL for publication.

[SIGNED.]
D. W. CATHELL, M. D.
JOHN MORRIS, M. D. } *Committee.*
ABRAM B. ARNOLD, M. D.

DR. CORNELIUS BOYLE, of Washington city, died on the 11th of March. He was born in that city November 14th, 1817. He was a son of John Boyle, an exiled Irish patriot of 1798, who, making Washington his home, was for many years chief clerk of the Navy department, and under President Jackson was acting Secretary of the Navy for more than one year. When the civil war commenced Dr. Boyle left Washington early in April and was followed by a number of his fellow-citizens. All his property there was confiscated. He was appointed Major in Stonewall Jackson's command, but was soon after appointed provost-marshal-general of the Army of Northern Virginia, and was *ex officio* on the staff of Gen. Johnston, and afterwards on that of Gen. Lee. He was nominated as a brigadier-general by Jefferson Davis, but it was withdrawn because of some legal prohibition. He continued in the office of provost-marshal-general until the close of the war, with his headquarters at Gordonsville.

After the war Dr. Boyle received a parole which forbade him to go north of the Potomac, and it virtually made him an exile from his home. After an absence of ten years Dr. Boyle was permitted to return to Washington and resume practice, and among his brethren and by the community he was held in the highest estimation as a safe and skillful physician.

DR. THOMAS D. WARREN, an old and honored physician of Edenton, N. C., died on the 21st of March. He was the father of Dr. Edward Warren-Bey, who is well known in this city and is now a resident of Paris.

DR. WM. BREWER, a prominent physician of Annapolis, Md., was knocked down by a dog, on the 18th of March, and seriously injured, from the effects of which he died on the following day.

DR. FRANK RICE, an eminent physician of Memphis, Tenn., died of paralysis on the 21st of March. He was medical director of Cheatham's division, Polk's army corps, in the Confederate army.

DR. JAS. A. BIZZELL, a highly esteemed and honored citizen of Sampson county, N. C., died at his residence in Clinton, March 26th, aged 58 years.

DR. JOHN JAMES FITZPATRICK, a native of and physician in Ireland for awhile, but for many years on the editorial staff of the New York *Herald*, died on the 24th of March.

DR. JOSEPH E. PAINTER, acting assistant surgeon in the United States navy, died at Nagasaki, Japan, on the 15th of March. He was a native of Pennsylvania.

DR. THOMAS S. MERCER, formerly of West River, Md., died suddenly on March 11th in Washington city.

DR. JOHN D. MCLEAN, for many years a practising physician in Lincolnton, N. C., died in that state in the early part of last month.

DR. NATHANIEL DARE CHESLEY, a prominent and popular physician, died at his residence in this city on January 23rd, in his sixty-second year.

DR. STEPHEN T. RICHMOND, a highly respectable and successful physician of Caswell county, N. C., died at Yanceyville, in that state on February 19th.

DR. L. P. ASHMEAD, of Brooklyn N. Y., died in Florida on the 12th of March.